

<b>Case Number:</b>	CM14-0102861		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/10/2004
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68-year-old female with an 11/10/04 date of injury. According to a progress report dated 6/25/14, the patient has decreased Percocet from TID to BID. She has been having a significant increase of pain. The provider has requested that the patient continue to maintain her current course of Percocet at BID as approved. The patient continued to have cervical burning, tightness, and pain across the upper shoulder that extended down the arms. Objective findings: myofascial tenderness and spasm across the upper back and into the paracervical musculature, myofascial trigger points, limited cervical range of motion. Diagnostic impression: cervical fusion on 4/27/09, cervical radiculitis, acute aggravation of cervical spine with associated myospasms. Treatment to date: medication management, activity modification, cervical ESI. A UR decision dated 6/19/14 denied the request for Percocet. There is question as to how long the claimant has been taking Percocet and as to effectiveness in regards to pain level and improvement of function/return to work. There is question as to pain contract, aberrant behavior, any urine drug screens regarding compliance with use.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Percocet 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, given the 2004 date of injury, a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Percocet 7.5/325mg #60 was not medically necessary.