

<b>Case Number:</b>	CM14-0106050		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/10/2001
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 63-year-old male who reported injury on 12/10/2001. The injured worker was noted to be utilizing opiates since at least 12/2012. The mechanism of injury was the injured worker was hit in the head by a falling hydraulic door mechanism, weighing approximately 50 pounds. Prior treatments included physical therapy, an EMG and NCV, as well as an MRI. The injured worker had a cervical discectomy and fusion at C5-6 in 04/2005. The documentation of 05/20/2014 revealed the injured worker had complaints of persistent neck and low back pain. The injured worker indicated the medications were helpful. They bring the pain level from 8/10 to 2/10. The documentation indicated the injured worker continued to go to the gym 5 days a week and swim in the pool for 45 minutes to an hour. The injured worker was noted to be utilizing Imitrex. There were no aberrant drug behaviors or side effects. The injured worker was noted to have undergone a urine drug screen on 02/25/2014, which was consistent. The medications allowed the injured worker to carry out activities of daily living, such as cooking, cleaning, laundering and self hygiene on an independent basis. The current medications included Percocet 5/325 one to 2 a day as needed, Ultracet 37.5/325 twice a day, Prilosec 20 mg by mouth as needed, Nuvigil and Pristiq 50 mg 1 by mouth daily, Ritalin, Biofreeze gel as needed, Colace 100 mg 4 times a day and Imitrex 50 mg as needed. The physical examination revealed ongoing tenderness to the cervical and thoracic paraspinal muscles. The diagnoses included chronic neck pain. The treatment plan included a 3 months' supply of medications, Percocet 5/325 with a prescription written for 60 with a second prescription do not fill until 06/20/2014 and a third prescription do not fill until 07/20/2014. Additional medications included Ultracet 37.5/325 #180, Prilosec 20 #90, Biofreeze gel 3 tubes, Colace 100 mg tablets #360 and Imitrex 50 mg #27. There was a DWC form RFA submitted for the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 2012. There was documentation of the above criteria. The request would be supported. However, the request, as submitted, failed to indicate the frequency for the requested medication. Given the above the request for Percocet 5/325 #60 is not medically necessary.

**Percocet 5/325mg #60 (Do Not Fill Until 6/20/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 2012. There was documentation of the above criteria. However, there should be a re-evaluation prior to the next fill. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above the request for Percocet 5/325 #60 (Do Not Fill Until 6/20/14) is not medically necessary.

**Percocet 5/325mg #60 (Do Not Fill Until 7/20/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 2012. There was documentation of the above criteria. However, there should be a re-evaluation prior to the next fill. However, the request, as submitted, failed to indicate the frequency for the requested medication. Given the above the request for Percocet 5/325 #60 (Do Not Fill Until 7/20/14): is not medically necessary.