

<b>Case Number:</b>	CM14-0013415		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/09/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 patient is a 54-year-old female who has submitted a claim for cervical disc displacement with radiculitis, neck pain, chronic pain syndrome, and anxiety disorder; associated with an industrial injury date of 12/09/2008. Medical records from 07/12/2013 to 02/05/2014 were reviewed and showed that patient complained of neck pain, radiating from the base of the skull down both shoulders and into the chest wall. Physical examination showed tenderness along the cervical spine and over the left trochanter region. Cervical and hip range of motion was limited due to pain. A positive piriformis stretch test was noted. Phalen's and Tinel's tests were positive on the right. Sensation was diminished to light touch, pinprick, and temperature along all dermatomes of the right upper extremities. Treatment to date has included Percocet, OxyContin, Ambien, Valium, naproxen, Phenergan, Lidoderm patch, Dilaudid, hydroxyzine, Zofran, and ketorolac. Utilization review, dated 01/09/2014, modified the requests for Percocet and OxyContin because there was no documentation regarding VAS quantification of pain with or without medications, and symptomatic or functional improvement derived from it. Also, the current medications exceed the recommended morphine equivalent dose of 120mg per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG #240 X 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Percocet since July 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for PERCOCET 10/325 MG #240 X 2 is not medically necessary.

**OXYCONTIN 20 MG #60 X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed OxyContin since July 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for OXYCONTIN 20 MG #60 X2 is not medically necessary.