

<b>Case Number:</b>	CM14-0017394		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/06/2002
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 59-year-old male who reported an injury on 09/06/2002. The mechanism of injury was not stated. Current diagnoses include cervical facet arthropathy, chronic opioid evaluation and management, chronic cervical spine pain, cervical spine degenerative disc disease, and status post cervical spine fusion. The injured worker was evaluated on 12/18/2013. The injured worker reported 6/10 pain. Physical examination revealed 5/5 motor strength in the bilateral upper extremities, symmetrical reflexes, and intact sensation. Treatment recommendations included continuation of Percocet 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects should occur. The injured worker has utilized Percocet 10/325 mg since 07/2013. There is no evidence in the medical records provided for review of an objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.