

<b>Case Number:</b>	CM14-0151365		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 patient is a 45-year-old male with an 11/02/11 date of injury. The patient slipped and fell. Diagnoses were C3-C7 disc degeneration, severe C3-C7 stenosis without myelopathy, left arm radiculopathy with progressive weakness, left rotator cuff tear status post arthroscopic repair and status post left shoulder arthroscopic acromioplasty, revision rotator cuff repair and distal clavicle resection on 08/14/12. On the 09/09/14 progress report documented that the patient complained of ongoing severe neck pain radiating to the head and the bilateral lower extremities. The pain was rated at 6-7/10 with medications and 8-10/10 without medications. Current medications were Percocet 10/325 mg, Zanaflex 4 mg, and Aleve 220 mg. Clinically, there was tenderness to palpation in the cervical paravertebrals, across the trapezius, and in the intrascapular space. There was palpable spasm in the cervical spine, across the trapezius, and in the intrascapular space. There was hypersensitivity to touch over the left C5-C8 dermatomal distribution. Range of motion was decreased. Cervical distraction relieved the patient's symptoms. The treatment plan included ACDF at C4, C5, C6, and C7. Percocet would be continued as needed for his ongoing pain complaints. A urine drug screen could be done to verify medication compliance. The patient was temporarily totally disabled. On 08/05/14 progress report documented that the patient had severe neck pain radiating to the mid back and left lower extremity. Pain was rated at 7-9/10. Medications were Norco 10/325 and Aleve. Norco was dispensed because Percocet was previously denied. MRI of the cervical spine was referenced. Clinically, there was no cervical spine tenderness or spasm. Motor strength was 5/5 except for left elbow extension, wrist extension/flexion, and finger abduction at 4/5. Treatment to date has included left rotator cuff tear arthroscopic repair, acromioplasty; revision rotator cuff repair and distal clavicle resection; activity modification, and medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg 2 tabs Q4 #180:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** The previous review modified the request to indicate that only a month trial was certified for Percocet 10/325 mg 2 tablets Q4 #180. CA MTUS states that a therapeutic trial of opioids should be employed if the patient has failed a trial of non-opioid analgesics. During this trial, the patient's response should be monitored. The request was for an initial use of Percocet. The patient has tried Norco and Aleve, but the pain level was at 7-9/10. A one-month trial of Percocet was indicated. The request was previously clarified and not specifically modified. Medical necessity is established. Therefore the request is medically necessary.