

<b>Case Number:</b>	CM14-0164934		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/23/2000
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 55 year old with an injury date on 3/23/00. Patient complains of cervical pain radiating to bilateral upper extremities, lumbar pain radiating into bilateral lower extremities, rated 3/10 with medications and 5/10 without medications per 9/2/14 report. Patient also reports severe muscle spasms in the lower lumbar, and that cervical pain is aggravated by activity/walking per 9/2/14 report. Based on the 9/2/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical post laminectomy2. Cervical radiculopathy3. Lumbar post laminectomy syndrome4. Lumbar radiculopathy5. S/p fusion, lumbar spine6. Osteoarthritis of left ankle7. Osteoarthritis of bilateral knees8. Anxiety9. Depression10. Medication related dyspepsia11. vitamin D deficiency12. Gastric bypass surgery postponed until 2014Exam on 9/2/14 showed "L-spine range of motion moderately limited, with pain significantly increased with flexion/extension. Straight leg raise positive on right." Patient's treatment history includes caudal epidural steroid injection right L4-5 on 7/22/14 with 60% improvement. [REDACTED] is requesting decision for Percocet 7.5/325 #30. The utilization review determination being challenged is dated 9/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/20/14 to 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325 #30:** Upheld

**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 ,88-89.

**Decision rationale:** This patient presents with neck pain, pain in bilateral upper extremities, lower back pain, and pain in bilateral lower extremities. The treater has asked for decision for Percocet 7.5/325 #30 on 9/2/14. Patient has been taking Percocet since 3/20/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Percocet, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, the request for Percocet 7.5/325 #30 is not medically necessary and appropriate.