

<b>Case Number:</b>	CM14-0174924		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/05/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 and Rehabilitation, 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 58 years old female with an injury date on 11/05/2007. Based on the 07/10/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post L5-S1 fusion 2. Chronic left leg pain, secondary to S1 nerve root injury 3. Chronic cervical mild ligamentous sprain/strain with associated cervicogenic headaches 4. Chronic pain syndrome 5. Chronic opiate dependence. According to this report, the patient complains of pain in the neck with left upper extremity pain and weakness; and low back pain that travels down both legs. Patient "currently rates her pain level as an 8-9/10 that is moderated with the use of her Percocet and regimen medication." Physical exam reveals moderate tenderness over the left cervical spine and trapezius muscle, lumbar axial, and bilateral lumbar paraspinal muscle; and mild tenderness over the left upper thoracic spine. Range of motion of the cervical and lumbar spine is restricted. FABER test is positive bilaterally. Deep tendon reflexes are 1+ at the triceps, biceps, knees and ankles, bilaterally. The patient "underwent a left two-level cervical facet injection on 07/08/2014 directed at the C4-C5 and C5-C6 levels. She reported no improvement following the procedure." Patient "recently completed a course of acupuncture but did not find an appreciable improvement with the acupuncture." There were no other significant findings noted on this report. The utilization review denied the request on 10/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/09/2014 to 10/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180 with no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ,CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The physician is requesting Percocet 10/325mg #180. Percocet was first in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the 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." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No specific ADL's and opiate monitoring such as urine toxicology are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.