

<b>Case Number:</b>	CM14-0184105		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational 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:

Patient is a 63 year-old male with date of injury 02/20/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/15/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed paracervical tenderness and muscle spasms. Examination of the lumbar spine revealed paravertebral muscle spasms and tenderness over the lower lumbar region. Tenderness was also noted over the left posterior superior iliac spine. Straight leg raise testing was positive on the left. Range of motion of the lumbar spine was limited. Diagnosis: 1. Cervical spine sprain and strain 2. MRI scan findings of 3mm retrolisthesis of C4-5 and spondylotic changes at C3-4, C4-5, C5-6 and C6-7 3. Left C7 radiculopathy 4. Carpal tunnel syndrome, left 5. Lumbar spine strain and sprain 6. MRI scan findings of facet hypertrophy at L3-4, L4-5 and L5-S1 7. Axial low back pain, possible due to facet arthropathy. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Percocet 5/325mg, #60 SIG: 1 bid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Percocet 5/325mg is not medically necessary.