

<b>Case Number:</b>	CM14-0021083		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Internal 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 injured worker is a 49 year old female injured on 01/20/99 as a result of undisclosed mechanism of injury. Current diagnoses included cervical degenerative disc disease status post C5-6 fusion, cervical facet osteoarthritis, lumbar degenerative disc disease, lumbar arthropathy, lumbar radiculopathy, cervicgia, migraines triggered by cervicgia, and degenerative joint disease of bilateral knees. Clinical documentation dated 01/09/14 indicated the injured worker presented complaining of left sided neck pain and low back pain radiating to upper extremities and lower extremities in addition to frequent severe migraines. The injured worker reported severe exacerbation of knee, neck, and shoulder pain radiating around the scapula and clavicles and upward along posterolateral neck to scalp triggering migraines. The injured worker reported having frequent migraine headaches usually lasting one to two days throughout the month requiring maximum dosage of Zomig. Physical examination revealed moderate tightness to palpation and tenderness diffusely over bilateral cervical musculature, 75% restriction of cervical motion in all planes, diffuse tenderness to palpation across lumbosacral extending to bilateral sacroiliac joints, 50% restriction of lumbar range of motion, positive straight leg raise bilaterally, mild diffuse hypoesthesia and dysesthesia in bilateral hands on dorsal surface, hypoesthesia in the left posterior leg and calf to the left heel, motor strength remained 5/5 in all major muscle groups, somewhat antalgic gait, and deep tendon reflexes bilaterally symmetric and 1+ in upper extremities and lower extremities. Current medications included Dilaudid 2mg one to two every twelve hours, Percocet 5-325mg, Zofran 4mg Lyrica 75mg three times daily, and Zomig twice daily. Initial request for Percocet 5-325mg #90 for chronic pain, cervical, and lumbar spine both knees was initially non-certified on 02/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 5/325MG #90 FOR CHRONIC PAIN, CERVICAL AND LUMBAR SPINE AND BOTH KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 5/325mg #90 for chronic pain, cervical and lumbar spine and both knees cannot be established at this time.