

<b>Case Number:</b>	CM14-0023351		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	07/31/1991
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Pain Management 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 54 year old male with an injury date of 07/03/91. Based on the 01/15/14 progress report provided by [REDACTED] the patient complains of headaches, neck pain, and back pain. In regards to the cervical spine, the paravertebral muscles are tender to palpation, spasm is present, and range of motion is restricted. In regards to the lumbar spine, range of motion is restricted, and straight-leg-raising test is positive bilaterally. The patient is diagnosed with failed back syndrome. [REDACTED] is requesting for Percocet 10/325 mg QTY: 90. The utilization review determination begin challenged is dated 01/29/14. The rationale is that there isn't any documentation which identifies measurable analgesic benefit (VAS scores) with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. [REDACTED] is the requesting provider, and he one provided treatment report from 01/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG QTY:90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** According to the 01/15/14 report provided by [REDACTED], the patient presents with headaches, neck pain, and back pain. The request is for Percocet 10/325 mg QTY: 90. There is no indication of when the patient began taking Percocet, nor is there any indication if the medication improved the patient's daily function. There were no ADL's or pain scales provided. According to MTUS, pg. 8-9, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, documentations with numeric scales, functional measures and outcome measures have not been provided. Recommendation is for denial.