

<b>Case Number:</b>	CM14-0039645		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of December 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and various interventional spine procedures, including multiple facet blocks. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for Percocet while approving a request for oxycodone. The claims administrator's rationale was quite sparse but seemingly predicated on the fact that the applicant had failed to demonstrate improvement with the medication in question. The applicant's attorney subsequently appealed. In a June 7, 2014 progress note, the applicant presented with chronic neck and low back pain, 7-8/10, reportedly worsened since the last visit. The applicant was reportedly using medications. The applicant exhibited a wide-based and painful gait. The applicant was also having issues with depression, anxiety, and insomnia, it was acknowledged. Limited range of motion was noted about the spine. The applicant was given cervical medial branch blocks and a refill of Percocet. The attending provider stated that he would try to wean the applicant off of Percocet. In an earlier note of May 3, 2014, the applicant reported 6-7/10 low back and neck pain. The attending provider again stated that the applicant was reporting improvement with the medication but did not quantify the same. The applicant exhibited painful and limited range of motion on exam, with wide-based and painful gait also appreciated. The applicant was having issues with depression, anxiety, and insomnia, it was stated. The applicant was asked to continue Percocet. The applicant's work status was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg one po q4-6hr #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, these criteria have not seemingly been met. The applicant continues to report heightened pain from visit to visit, despite ongoing usage of Percocet. The applicant's work status has not been furnished, although it does not appear that the applicant is working. There have been no clearly documented improvements in functioning achieved as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.