

<b>Case Number:</b>	CM14-0045269		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/28/2000
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 67-year-old male with an 8/28/00 date of injury. At the time (2/21/14) of request for authorization for Prospective request for 1 prescription of Percocet 10/325 mg. # 120 with 3 refills, there is documentation of subjective (chronic severe neck pain radiating to the right pectoral muscles with severe muscle spasms of the trapezius and entire right shoulder with shooting and burning as well as intermittent numbness) and objective (tenderness to palpation of the right trapezius and levator scapula, decreased cervical range of motion with crepitus on motion, positive Spurling's test with pain radiating down the right arm, and restriction at extreme range of motion of the right arm with hypoesthesia and dysesthesia into the second and third fingers) findings, current diagnoses (degeneration of cervical intervertebral disc, shoulder joint pain, brachial neuritis, myalgia and myositis, chronic pain syndrome, and cervical facet joint pain), and treatment to date (ongoing therapy with Percocet since at least 7/29/13 with reduction in pain levels and functional improvement). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Percocet 10/325 mg. # 120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of cervical intervertebral disc, shoulder joint pain, brachial neuritis, myalgia and myositis, chronic pain syndrome, and cervical facet joint pain. In addition, given documentation of ongoing treatment with Percocet with reduction in pain levels and functional improvement, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Percocet. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 prescription of Percocet 10/325 mg. # 120 with 3 refills is not medically necessary.