

<b>Case Number:</b>	CM14-0049825		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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, has a subspecialty in Pulmonary Diseases, 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 28-year-old male who reported an injury on 09/24/2013. The mechanism of injury was not provided in the medical records. His symptoms included pain to the neck, midback, right knee, and right lower extremity. Physical examination of the cervical spine revealed paraspinal tenderness to palpation. Spasms were noted about the bilateral trapezial areas. The thoracolumbar spine was noted to have paraspinal tenderness to palpation in the mid thoracic and lower lumbar regions. Pain was reproduced with motion with shooting-type pain into the lower extremity. The injured worker was noted to have a positive straight leg raise test on the right in the supine position at 40 degrees. The right knee as noted to have effusion. Tenderness to palpation was present along the medial joint. Decreased sensation was present in the quadriceps area at the midline of the femur. The injured worker was diagnosed with cervicgia, lumbago or sciatica, and neuritis or radiculitis due to displacement of cervical disc. Past medical treatment included physical therapy. On 02/25/2014, a request for Percocet and MS-Contin had been made. The rationale for the requested treatment 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, #120:** 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): 78.

**Decision rationale:** According to California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review indicated the injured worker had pain to the neck, mid back, right knee, and right lower extremity. However, the documentation failed to provide evidence of increased function with the use of the requested medication and whether there had been adverse side effects or aberrant drug-taking behaviors. In the absence of detailed documentation, required by the guidelines, for the ongoing use of opioid medications, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Percocet 10/325 mg #120 is non-certified.

**MS CONTIN ER 60MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** According to California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review indicated the injured worker had pain to the neck, mid back, right knee, and right lower extremity. However, the documentation failed to provide evidence of increased function with the use of the requested medication and whether there had been adverse side effects or aberrant drug-taking behaviors. In the absence of detailed documentation, required by the guidelines, for the ongoing use of opioid medications, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for MS-Contin ER 60 mg #60 is non-certified.