

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0067796 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 08/25/2009 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 04/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2014 |

### 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, Pain Medicine and is licensed to practice in Texas. 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 43 year old female who had a work related injury on 08/25/09. The mechanism of injury is undisclosed. The injured worker complained of chronic neck pain with a history of anterior cervical fusion at C5 to C6 in October of 2011 but continued with neck and bilateral upper extremity pain. She was treated conservatively with physical therapy, medication and facet injections. On 03/20/14, the injured worker complained of bilateral neck pain and examination showed tenderness to palpation in the paraspinal muscle region and a decreased range of motion throughout. Motor strength was 5/5, and there were no long track signs. MRI of the cervical spine was done on 07/26/13 that showed anterior decompression and fusion in good alignment at C5 to C6 with no residual central foraminal stenosis. At C4 to C5, a one millimeter central disc protrusion caused mild central stenosis, and there was moderate left and mild right C4 to C5 foraminal stenosis due to bony degenerative disease. There was no evidence of bone fusion across the fused C5 to C6 disc space by MRI similar to CT appearance. Prior utilization review on 05/02/14 the anterior cervical discectomy and fusion with autograph, remove hardware and remove cage at C4 to C6 was certified. The initial request for Percocet was noncertified on 04/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg #100:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in 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 sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Percocet 10/325 milligrams quantity 100 is recommended as medically necessary at this time.