MAXIMUS Federal Services

| Case Number: | CM14-0098024 | | |
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| Date Assigned: | 07/28/2014 | Date of Injury: | 11/26/1999 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

## 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 Iowa. 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:

This patient is a 46 year-old female with a date of injury of 11/26/1999. A review of the medical documentation indicates that the patient is undergoing treatment for cervical radiculopathy and chronic low back pain. Subjective complaints (05/01/14) include severe persistent neck pain, back pain radiating down her left lower extremity, and reduced activities of daily living due to pain. Objective findings (05/01/14) include an antalgic gait, decreased lumbar and cervical spine range of motion, lower extremity muscle weakness, decreased lower extremity sensation, and tenderness to palpation in the lumbar and cervical spine. The patient has undergone multiple imaging studies in the past showing findings consistent with cervical radiculopathy and lumbar degenerative disc disease. The patient has undergone multiple surgical procedures including cervical and lumbar laminectomy. The patient has also received trigger point injections and a spinal cord stimulator implant. A utilization review dated 05/27/2014 did not certify the request for Percocet 10/325 mg #180.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Opioids.

**Decision rationale:** Percocet is the brand name for an oxycodone-acetaminophen combination. According to the MTUS guidelines, opioids are not first line medications for chronic musculoskeletal pain. MTUS recommends a short-term therapeutic trial of opioids only (not to exceed two weeks), and states they should be used only when the patient has failed a trial of non-opioid analgesics. Opioids also have significant side effects that are higher risk with long-term use. Medical documentation indicates the patient has been taking Percocet well in excess of the two-week limit (at least several months). The treating physician has provided no evidence of failed therapy with first line agents such as NSAIDs and did not provide details on the long-term plan for the medication use, such as a possible taper for discontinuation. The documents also show no evidence of improvement in pain despite the persistent opioid medication use, and in fact state the patient has "flaring without any improvement". Therefore, the request for Percocet 10/325 #180, is not medically necessary at this time.