

<b>Case Number:</b>	CM14-0148127		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/07/2000
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old male, who sustained an industrial/work injury on 11/7/00. He reported initial complaints of neck pain. The injured worker was diagnosed as having chronic pain syndrome, cervical pain, and trauma. Treatment to date has included medication. Currently, the injured worker complains of chronic severe neck pain. Per the primary physician's progress report (PR-2) on 8/5/14, the injured worker needed an extra Percocet for pain management. Diagnosis was chronic pain syndrome to neck. Additional examination findings were not provided. The requested treatments include Percocet 5/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Percocet 5/325mg #300: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use of Opioids Page(s): 76-86.

**Decision rationale:** The injured worker is being treated for chronic neck pain. Records indicate prescriptions for Oxycontin 40 mg every 8 hours, oxycodone 15 mg 4 times daily are being provided to the patient. There is no physical examination documentation of the injured body part. Request is being made for Percocet 5/325 mg quantity 300. According to MTUS guidelines, opioid dosing is recommended to not exceed 120 mg of oral morphine equivalent per day. Provided documentation indicates that, the patient is already receiving greater than 120 mg of oral morphine per day. Therefore, the request for additional Percocet 5/325 quantity 300, which exceeds dosing guidelines, is not medically necessary.