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| <b>Case Number:</b>   | CM14-0169436 |                              |            |
| <b>Date Assigned:</b> | 10/17/2014   | <b>Date of Injury:</b>       | 10/06/2003 |
| <b>Decision Date:</b> | 01/31/2015   | <b>UR Denial Date:</b>       | 09/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2014 |

### 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 Acupuncture & Pain Medicine 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:

60y/o female injured worker with date of injury 10/6/03 that sustained a work related injury on 10/06/2003 when she fell from her desk chair after it had rolled out from under her. Treatments to date include pain medications, B12 injections for complaints of weakness and fatigue, and surgeries. Diagnosis includes chronic pain, iatrogenic opioid dependency, cervical radiculopathy, occipital neuralgia, status post cervical fusion, myalgia/myositis, chronic pain and dysphagia. Per the most updated progress report dated 09/10/2014, the injured worker reported pain in the neck that radiates to the bilateral upper extremities accompanied by numbness in the bilateral upper extremities, frequent and severe muscle spasm in the bilateral neck area that is burning sharp and throbbing. The pain was noted to be aggravated by activity, flexion/extension, and repetitive head motions and walking. Treatment to date has included physical therapy, and medication management. The date of UR decision was 9/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg q 6 hrs, max 115/month #115:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation included UDS report dated 4/30/14, which was positive for acetaminophen, butalbital, oxazepam, oxycodone and oxymorphone. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.