

<b>Case Number:</b>	CM14-0175965		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 55 year old female with an industrial injury dated 12/11/2007. On 07/21/2013 the injured worker presented with low back pain radiating to right lower extremity and neck pain radiating to her right upper extremity. There was tenderness over the bilateral neck, extensor muscles on the right and trapezius. She denies side effects from her medications. In the June 1013 note the provider documents there is an opiated contract signed and urine drug screen was done. Prior treatment includes surgery and medications. Diagnoses were: Cervical spondylosis with radiculopathy, status post cervical fusion, Lumbar spondylosis with radiculopathy, status post lumbar fusion, Sleep apnea. On 10/06/2013 utilization review modified the request for Percocet 10/325 mg # 240" to allow the patient this one refill for the purpose of weaning." MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 Mg #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Opioid Dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar radiculitis; cervical radiculitis; and status post cervical and lumbar fusion. The year of injury is 2007. The earliest progress note in the medical record is dated March 27, 2014. The injured worker was taking OxyContin and Percocet at that time. Subsequent medical records do not include a list of current medications. This includes the documentation in a progress note from September 24, 2014. The medications are not listed in the medical record. A urine drug screen was present and consistent with OxyContin and Percocet. The treating physician did mention in the progress note he would attempt to taper down the Percocet. However, Percocet is not listed as a current medication and the number of Percocet per day are not documented in the record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical records. There is no evidence of objective functional improvement with ongoing Percocet use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of a Percocet 10/325 mg, Percocet 10/325mg #240 is not medically necessary.