

<b>Case Number:</b>	CM14-0196071		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 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:

This 42 year old male was injured on 12/17/2009 while being employed. Per primary treating physician's progress report dated 10/07/2014 he complained of bilateral neck pain, bilateral shoulder pain, bilateral thoracic back pain and bilateral low back pain. Tenderness upon palpation was noted on examination to cervical paraspinal muscles at bilateral C5-C6, C6-C7, C7-T1 facet joints, thoracic paraspinal muscles, and bilateral shoulders. Decreased range of motion of bilateral shoulders, positive Neer's and Hawkin's signs were noted. He received a left shoulder cortisone injection the prior month with 50% improvement in pain. Current medication regimen was noted as Percocet 10/325 mg, Cymbalta 60 mg, Ativan 0.5 mg, Lyrica 100 mg, Fioricet, Naprosyn and docusate. His diagnoses included 1) cervical facet joint pain C5-C6, C7-T1, 2) cervical facet joint arthropathy, 3) chronic neck pain, 4) left shoulder impingement, 5) chronic thoracic back pain 6) chronic low back pain. The injured worker was noted to be not working. Per documentation, physician was awaiting approval on fluoroscopically-guided diagnostic left C5-C6 and left C7-T1 facet joint medical branch block. The injured worker has failed physical therapy, non-steroidal anti-inflammatory medication and conservation treatments. The Utilization Review dated 11/13/2014 modified request for Percocet 10/325mg #180 to Percocet 10/325mg #90 (for weaning). The reviewing physician referred to CA MTUS Chronic Pain Medical Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that with the use of Percocet, the injured worker experiences a 50% decrease in pain and 50% improvement in activities of daily living such as self-care and dressing. There is a current pain contract and evaluations including urine drug screen have not identified any aberrant drug behavior. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for Percocet 10/325mg #180 is medically necessary.