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| <b>Case Number:</b>   | CM14-0203061 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 12/08/2009 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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 Internal 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:

The patient is an injured worker with a history of post-traumatic thoracic outlet syndrome and cervical radiculopathy secondary to instability at C3-C4. On July 18, 2014, external neurolysis of the right brachial plexus, internal neurolysis of the upper, middle and lower trunk of the right brachial plexus, decompression of the right subclavian artery and vertebral artery, and decompression of the long thoracic nerve, suprascapular nerve and the C8 and T1 spinal nerves were performed. On August 30, 2013, anterior cervical discectomy and bilateral foraminotomies, arthrodesis at C3-C4, anterior instrumentation using spider plate were performed. Date of injury was December 8, 2009. Neurological surgery report dated December 16, 2014 documented that the patient presented after undergoing an operation to decompress the right brachial plexus performed on 07/18/2014. The patient has demonstrated improvement in regard to the strength and sensation of the right hand. Since the patient has started physical therapy, the patient has experienced increasing pain in the right side of the neck especially in the right trapezius muscle that radiates into the right shoulder blade. Physical examination was documented. The patient has strength of 4+/5 of the right finger flexors and intrinsic muscles of the right hand. There is sensory loss in the right fourth and the fifth fingers. Deep tendon reflexes are decreased in the right arm. The gait is normal. The surgical incision in the right side of the neck is well healed with no evidence of infection. The Spurling test was positive. Impression was right posttraumatic thoracic outlet syndrome. The patient has experienced worsening of the muscle spasm of the right trapezius muscle that radiates into the right shoulder blade and to the proximal right arm. The patient was recommended to discontinue the physical therapy, for the time being use moist heat as well as to continue taking her medications including Percocet 5/325 mg one tablet every four hours as needed for pain and Lyrica 75 mg to treat the burning sensation in the proximal right arm. The patient also received an injection of Toradol 30 mg to reduce the muscle

spasm and the pain in right trapezius muscle and is likely that the cold weather has played a role in also increasing the muscle spasm in the right side of her neck. Treatment plan included a request for Percocet 5/325 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 5/325MG #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids Page(s): 74-96; 92. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. Medical records document that a history of post-traumatic thoracic outlet syndrome and cervical radiculopathy secondary to instability at C3-C4. On July 18, 2014, external neurolysis of the right brachial plexus, internal neurolysis of the upper, middle and lower trunk of the right brachial plexus, decompression of the right subclavian artery and vertebral artery, and decompression of the long thoracic nerve, suprascapular nerve and the C8 and T1 spinal nerves were performed. On August 30, 2013, anterior cervical discectomy and bilateral foraminotomies, arthrodesis at C3-C4, anterior instrumentation using spider plate were performed. Medical records document objective evidence of pathology. Physical examination demonstrated objective evidence of pathology. The patient reports pain. Medical records document regular physician clinical evaluations. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The medical records provide support for the use of Percocet. The request for Percocet 5/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 5/325MG #120 is medically necessary.