

<b>Case Number:</b>	CM14-0076681		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Emergency 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 injured worker is a 53 year-old male, who sustained an injury on May 9, 2002. The mechanism of injury is not noted. Diagnostics have included: 5/15/09 urine drug screen consistent with current medication regimen; 9/24/13 and 7/3/12 urine drug screens consistent. Treatments have included: Medications; right shoulder arthroscopy; cervical radiofrequency ablation. The current diagnoses are: Neck pain with right arm pain/cervical radiculopathy, status-post radiofrequency ablation; status-post right shoulder arthroscopy for impingement; myofascial pain and spasm; history of hypertension; chronic bronchitis; opioid dependency with efficacy. The stated purpose of the request for Percocet 10/325 mg times 100 was to provide relief of the injured worker's chronic pain. The request for Percocet 10/325 mg times 100 was denied on May 17, 2014, citing the rationale that the injured worker continues to have very high pain levels and poor function despite medications. There was no indication of significant functional response with the use of Percocet. Per the report dated May 6, 2014, the treating physician noted that the injured worker complained of lower back pain to the left side consistent with spondylosis. Pain was rated 8-10/10. Sleep quality was rated as poor due to neck pain. Medications helped some. Objective findings included paraspinal tenderness in the lumbar, thoracic, and cervical spine. There was limited active range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg times 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

**Decision rationale:** The requested Percocet 10/325 mg times 100 is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, opioids for chronic pain, page # 80 notes that opioids appear to be efficacious for chronic back pain, but limited for short-term pain relief and long-term efficacy is unclear. The injured worker has lower back pain rated 8-10/10. Sleep quality has been rated as poor secondary to pain. The treating physician has documented that medications have helped some and that prior urine drug screens have been consistent with the current medication regimen. The treating physician has not documented explicit functional improvement secondary to the use of Percocet, such as increased activities of daily living. The treating physician has also not documented a clear rationale for its continued use, as there is a lack of documentation indicating long-term efficacy of opiates. The criteria noted above not having been met, Percocet 10/325 mg times 100 is not medically necessary.