

<b>Case Number:</b>	CM15-0107623		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 injured worker is a 31 year old male who reported an industrial injury on 12/5/2014 versus 12/6/2014. His diagnoses, and or impression, were noted to include: blunt head trauma and post concussive symptoms; blurry vision; cephalgia; cervical spine sprain/strain; left shoulder sprain/strain with cyst; left elbow sprain/strain with partial tear; thoracic spine injury with mild kyphosis and multiple prominent and premature degenerative spurs; lumbar spine with premature degenerative disc disease and lumbar dehydration and protruding discs; left lumbar spine radiculopathy; and left knee sprain/strain. Multiple recent magnetic imaging studies were said to have been done on 2/18/2015. His treatments were noted to include physical therapy with multiple treatment modalities; a home exercise program; medication management with toxicology screenings; and modified work duties before rest from work. The progress notes of 5/12/2015 reported complaints of radiating left-sided cervical pain that radiated down the arm, associated with numbness/tingling/weakness, aggravated by activity. And interfering with sleep; bilateral low back pain, left > right, with radicular symptoms, associated with radiating numbness/tingling to the feet and weakness; and frequent headaches with dizziness, loss for words/memory, and occasionally spacing out. Objective findings were noted to include noting mild-moderate distress; weight gain of 35 pounds; tenderness and rigidity to the bilateral cervical musculature with obvious guarding, positive left Spruling's sign, and decreased range-of-motion; decreased deep tendon reflexes and motor strength in the upper extremities; decreased Jamar grip strength on the left; tenderness and increased muscle rigidity in the left bilateral lumbar musculature and para-spinal muscles, with numerous trigger points, decreased range-of-motion,

diminished deep tendon reflexes and strength, positive left straight leg raise, and decreased Wartenberg pinprick wheel in the lower extremities; and tenderness with decreased range-of-motion I the left shoulder. The physician's requests for treatments were noted to include Percocet.

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

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

**Percocet 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not medically necessary.