

<b>Case Number:</b>	CM15-0162609		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 59 year old male who sustained an industrial injury on 3-18-10 when rocks fell off a cliff hitting him in the head resulting in neck pain and pain in the scapula area. He currently has occasional occipital headaches and vertigo; intermittent dysesthesias in the upper extremities; numbness in the hands and sometimes the entire arm, left greater than right; cervical and lumbar pain. On physical exam there was decreased neck range of motion. There was a positive Phalen's test on the left. Lumbar range of motion was decreased. He had pain in the lateral hips on rotation and tenderness over the right medial knee. Medications were Percocet, Lidoderm patch, Ambien. Diagnoses include acute on chronic cervical pain; acute on chronic carpal tunnel, left greater than right; persistent left knee pain, secondary to back pain and left hip pain; increasing right knee pain; acute on chronic lumbar pain and strain; depression; weight loss; mild peripheral neuropathy of the lower extremities. Diagnostics include nerve conduction studies of the upper extremities showing bilateral carpal tunnel syndrome, left greater than right; electromyogram of the lower extremities was normal MRI of the neck showing disc protrusion. On 7-10-15 the treating provider requested Percocet 10-325mg #240; Ativan 1 mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg Qty: 240.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in March 2010 and is being treated for neck and low back pain, left hip and bilateral knee pain, and bilateral upper extremity pain after being struck by falling rocks. When seen, pain was rated at 2-8/10. Medications were Percocet being taken up to 7-8 times per day. The claimant is currently working. Physical examination findings included a BMI of nearly 30. There was decreased upper extremity sensation. There was decreased range of motion throughout all extremities and the cervical and lumbar spine. There was diffuse tenderness. Percocet and Ativan are being requested. Percocet (Oxycodone/Acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Ativan 1mg Qty: 20.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The claimant sustained a work-related injury in March 2010 and is being treated for neck and low back pain, left hip and bilateral knee pain, and bilateral upper extremity pain after being struck by falling rocks. When seen, pain was rated at 2-8/10. Medications were Percocet being taken up to 7-8 times per day. The claimant is currently working. Physical examination findings included a BMI of nearly 30. There was decreased upper extremity sensation. There was decreased range of motion throughout all extremities and the cervical and lumbar spine. There was diffuse tenderness. Percocet and Ativan are being requested. Ativan (Lorazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Prescribing Ativan is not recommended and is not medically necessary.