

<b>Case Number:</b>	CM15-0183368		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 35 year old female, who sustained an industrial injury on 4-04-2001. The injured worker is being treated for acute on chronic cervicgia. Treatment to date has included multiple surgical interventions (cervical vertebral compression and fusion), medications, physical therapy, injections, and home exercises. Medications as of 6-27-2015 include Norco, Percocet, Celebrex, Cymbalta and Nexium. Per the Primary Treating Physician's Progress Report dated 6-27-2015, the injured worker reported acute neck, radicular pain, numbness and headaches. She rated the severity of her pain as currently 9 out of 10, usually a constant 5 out of 10, and occasionally 7 out of 10. Objective findings included tenderness to palpation of the cervical spine and pain with range of motion. The injured worker has been prescribed Percocet since at least 12-2014. Per the medical records dated 12-18-2014 to 7-25-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was not provided on 6-27-2015. The plan of care included diagnostics, injections, medications and consultations. Authorization was requested on 9-01-2015 for Percocet, Soma, magnetic resonance imaging (MRI) of cervical spine and epidural steroid injection (ESI) of cervical spine. On 9-15-2015, Utilization Review non-certified the request for Percocet 10-325mg #240, and referral to neurologist for consultation.

## 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested Percocet 10/325mg qty: 240.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has acute neck, radicular pain, numbness and headaches. She rated the severity of her pain as currently 9 put of 10, usually a constant 5 out of 10, and occasionally 7 out of 10. Objective findings included tenderness to palpation of the cervical spine and pain with range of motion. The injured worker has been prescribed Percocet since at least 12-2014. Per the medical records dated 12-18-2014 to 7-25-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg qty: 240.00 is not medically necessary.

**Referral to Neurologist for consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, 2nd Edition, 2004, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested Referral to Neurologist for consultation, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has acute neck, radicular pain, numbness and headaches. She rated the severity of her pain as currently 9 put of 10, usually a constant 5 out of 10, and occasionally 7 out of 10. Objective findings included tenderness to palpation of the cervical spine and pain with range of motion. The injured worker has been prescribed Percocet since at least 12-2014. Per the medical records dated 12-18-2014 to 7-25-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Referral to Neurologist for consultation is not medically necessary.