

<b>Case Number:</b>	CM15-0183946		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/08/2006
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

This is a 50-year-old male with a date of injury on 8-8-2006. A review of the medical records indicates that the injured worker is undergoing treatment for cervical pain, cervical facet syndrome and post cervical laminectomy syndrome. Medical records (5-12-2015 to 9-8-2015) indicate ongoing neck pain. He rated his pain as four out of ten with medications and seven out of ten without medications (5-12-2015 to 7-14-2015). According to the progress report dated 9-8-2015, the injured worker rated his pain as 1/10 with medications and four out of ten without medications. Per the treating physician (9-8-2015), the injured worker continued to work full time. The physical exam (9-8-2015) revealed restricted cervical range of motion. There was tenderness and tight muscle bands of the cervical paravertebral muscles. There was tenderness to palpation of the bilateral shoulders. Treatment has included acupuncture and medications. The injured worker has been prescribed Percocet since at least March 2015. The physician noted that a urine drug screen from 5-15-2015 was consistent. The original Utilization Review (UR) (9-14-2015) denied a request for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Overturned

**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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in August 2006 and is being treated for chronic pain including a diagnosis of cervical post-laminectomy syndrome. Medications are referenced as decreasing pain from 4/10 to 1/10. When seen, his body mass index was over 32. There was decreased cervical spine and left shoulder range of motion. There was cervical, trapezius, right biceps, and left humerus, clavicle, and pectoral tenderness. Left shoulder impingement testing was positive. There was decreased right shoulder strength and decreased right upper extremity sensation. Percocet was being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.