

<b>Case Number:</b>	CM15-0193423		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 34 year old female, who sustained an industrial injury on August 14, 2013. She initially reported fatigue, weakness, dizziness and nausea. The injured worker was currently diagnosed as having cervicalgia, headache, lumbago and encounter long prescription use not elsewhere classified. Treatment to date has included diagnostic studies and medication. On July 14, 2015, the injured worker complained of ongoing neck pain and daily headaches. The pain was rated as a 10 on 1-10 pain scale both with and without medication. She stated that her Norco medication is not working very well. Topamax medication was noted to help relieve her headaches "somewhat." The treatment plan included continuation of Topamax, discontinuing Norco and beginning a trial of Percocet. On September 4, 2015, utilization review denied a request for Percocet 10mg-325mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10mg-325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are headache; cervical pain/cervicalgia. The date of injury is August 14, 2013. Request for authorization is August 28, 2015. According to a progress note dated February 20, 2015, the treating provider prescribed Norco 5/325mg. The pain score with medication was 10/10. According to her progress note dated July 14, 2015, the injured worker had ongoing neck pain and headache. Norco was not working very well. Additionally, Norco was noncertified. The treating provider prescribed Percocet (in its place) #180, one tablet every four hours (a 30 day supply). According to the most recent progress note dated August 17, 2015, subjective complaints remain neck pain and ongoing head pain. Pain score with Percocet is 6/10. Objectively, there is cervical spine tenderness to palpation with decreased range of motion. There is no neurologic examination. There is no documentation demonstrating objective functional improvement. There are no risk assessments or detailed pain assessments. There are three consistent urine drug toxicology screens from February 2015 through August 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, Percocet 10/325 mg #180 is not medically necessary.