

<b>Case Number:</b>	CM15-0202745		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old female with an industrial injury date of 07-18-2002. Medical records indicate she is being treated for cervicgia, and cervical disc degeneration. Subjective complaints (09-02-2015) included neck pain radiating to the back of her head and scapular area with some right arm numbness at times. She also complained of associated headache daily. The treating physician indicated the injured worker was stable on current medication overall reducing pain level and allowing her to increase her activity at work. Her pain was rated as 4 out of 10 with medications and 8 out of 10 without medications. Work status (09-02-2015) is documented as no restrictions. Medications (09-02-2015) include Oxycontin and Percocet (since at least 12-08-2014). In the treatment note (06-01-2015) medications are listed as Oxycontin, Valium, Percocet, Soma, Ambien, Ibuprofen, Voltaren and Voltaren gel. Prior medications include MS Contin (mad her "a little more sleepy"). Physical examination (09-02-2015) noted occipital tenderness. Cervical spine palpation revealed tender facet joints, tender cervical paraspinal muscles, tender left parascapular and tender right parascapular. In the 09-02-2015 the treating physician documented pain contract was signed and on file. Urine drug screen was done 03-02-2015. On 09-21-2015 the request for Percocet 10-325 mg # 180 was modified to Percocet 10-325 mg # 90 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain/Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 6/1/15. Therefore the request is not medically necessary.