

<b>Case Number:</b>	CM15-0027431		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old male, who sustained an industrial injury on 8/28/08. He has reported pain in the neck. The diagnoses have included cervical radiculopathy and status post cervical laminectomy. Treatment to date has included cervical MRI, C5-C7 fusion and oral medications. As of the PR2 dated 2/8/15, the injured worker reports severe neck spasms and pain on range of motion. The treating physician noted that the injured worker is unable to tolerate Vicodin and uses Percocet for pain control. The treating physician requested Percocet 5/325mg #450. On 2/11/15, Utilization Review modified a request for Percocet 5/325mg #450 to Percocet 5/325mg #70. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/12/15, the injured worker submitted an application for IMR for review of Percocet 5/325mg #450.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg TID QTY: 450:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.