

<b>Case Number:</b>	CM15-0084479		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: New York, West Virginia, Pennsylvania  
 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 49 year old female, who sustained an industrial injury on 5/5/08. She reported neck pain. The injured worker was diagnosed as having cervical sprain with right sided spasm and locking, headaches, shoulder pain, back pain, and left upper extremity radiculopathy. Treatment to date has included physical therapy, bilateral C5-6 radiofrequency ablation of medial branch nerves on 2/7/14, and anterior C5-6 discectomy, bilateral foraminotomy, and insertion of disc arthroplasty on 7/3/12. The injured worker had been taking Norco and Percocet since at least 11/4/14. Reports dated 1/6/15 and 3/26/15 noted pain was rated as 4/10 with medications. Currently, the injured worker complains of neck pain. The treating physician requested authorization for Percocet 10/325mg #30 and Norco 10/325mg #120 both prescribed on 3/26/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 MG #30 (Prescribed 3-26-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**Decision rationale:** Guidelines do not support long term opioid therapy due to numerous adverse effects with long term use. In this case, the patient was already recommended for weaning off of opioids. The request for Percocet 10/325 mg, #30 is not medically appropriate and necessary.

**Norco 10/325 MG #120 (Prescribed 3-26-15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines do not support long term opioid therapy due to numerous adverse effects with long term use. In this case, the patient was already recommended for weaning off of opioids. The request for Norco 10/325 mg, #120 is not medically appropriate and necessary.