

<b>Case Number:</b>	CM14-0119184		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old female who sustained an injury on 12/23/09. The injured worker has been followed for ongoing complaints of pain in the cervical region radiating to the upper extremities. The evaluation on 07/07/14 also indicated pain in the lumbar region. The injured worker was using Duragesic 25mcg/hr and Percocet 10/325mg for breakthrough pain. The injured worker's physical exam noted tenderness to palpation and numerous trigger points in the cervical region with loss of range of motion. There was mild weakness in the upper extremities without any focal weakness noted. Sensation was decreased in the lateral upper extremities. Reflexes were normal. No prior imaging studies were provided for review. The injured worker's medications and the request for cervical fusion from C4-7 with an unknown length of stay were denied on 07/22/14.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list Page(s): 78-80, 92-93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Percocet can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Percocet. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Percocet, this request is not considered medically necessary.

**Duragesic 25 mcg, #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list Page(s): 78-80, 92-93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of an extended release narcotic such as Duragesic can be considered an option in the treatment of severe musculoskeletal pain. The benefits obtained from extended release narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Duragesic. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Duragesic given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Duragesic, this request is not considered medically necessary.

**Cervical fusion at C4-5, C5-6, and C6-7 (unknown length of stay):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 05/30/14), Fusion, anterior cervical

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The clinical documentation provided for review did not include any recent imaging studies of the cervical spine confirming pathology at the requested levels that would support the surgical request. Additionally, the requested inpatient stay was not specified. As such, this request is not medically necessary.