

<b>Case Number:</b>	CM14-0122525		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/06/2003
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This injured worker's date of injury is 10/06/2003. This patient has headaches, chronic pain in the neck and lower back with radiation. The patient is opioid dependent. The patient had cervical fusion of the cervical spine. The patient states that there is limited activities of daily living. On exam there is tenderness from C4-C7 posteriorly. Neck flexion is limited to 30 degrees and extension 20 degrees. L3-L5 is tender to palpation. Medications include: trazodone, clonidine, clonazepam, Lidoderm patch, and Percocet. Cervical spine X-rays on 01/16/2014 show little motion of the 3 middle cervical bones. The patient has not returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg. Quantity 115:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines -pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79-80.

**Decision rationale:** This patient has chronic neck and back pain with opioid dependence. There is no documented improvement in function. The documentation is consistent with opioid

hyperalgesia, and this diagnosis ought to be considered. Therefore the request for Percocet is not medically necessary.