

<b>Case Number:</b>	CM14-0123937		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/06/2005
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 10/06/2005. The mechanism of injury occurred due to the repetitive use of her arms. Her diagnoses included status postoperative decompression and fusion with removal of hardware and persistent intractable pain. The injured worker's past treatments included surgery, medications, physical therapy, epidural steroid injections, and acupuncture. The injured worker's diagnostic exams included an MRI of the cervical spine and an X-ray of the cervical spine. The injured worker's surgical history included an anterior cervical discectomy and fusion at C4-5 and C5-6. On 06/25/2014, the injured worker complained of persistent weakness in the hands, mid back pain, and headaches. The physical exam revealed decreased range of motion of the neck that was diminished by 50% in all planes. She also had 2+ deep tendon reflexes at the biceps, triceps, brachioradialis, knee, and ankle. She had bilaterally impaired sensation of the upper extremities in a circumferential non-anatomic fashion. The injured worker's medications included Prozac, Gabapentin, Percocet 10/325 mg, and Wellbutrin. The treatment plan consisted of the continual use of Percocet, Gabapentin, and the ruling out of carpal tunnel syndrome. A request was received for refills times 4 for Percocet 10/325 mg #60. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refills x 4 for Percocet 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Opioids, Criteria for use: When to Discontinue Opioids, Opioids for chronic pain Opioids and Chronic Neuropathic Pain, Kathleen M. Foley, M.D., N Engl J Med (New England Journal Of Medicine) 2003; 348: 1279-1281, March 27, 2003

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80.

**Decision rationale:** The request for refills x4 for Percocet 10/325mg #60 is not medically necessary. The California MTUS guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the four domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. The guidelines do not recommend the long term use of opioids and for the indication of the headaches. Based on the clinical notes, the injured worker complained of weakness of the hands, severe midback pain, and headaches. However, the guidelines do not support the use of opioids for the indication of headaches. The clinical notes did not specify her pain in a quantitative manner. The guidelines do not support the continued use of opioids without measurable documentation that indicates increased ability to function and decreased pain relief. Also, there was an indication that the injured worker was prescribed Percocet since approximately 03/2013. The long term use of this medication is not supported. The clinical notes indicated that the injured worker utilized urine drug screens to determine if aberrant drug-related behaviors are present. The use of urine drug screens is supported for the continued use of opioids. However, the request failed to specify a frequency of dose, which is required by the guidelines. Therefore, due to lack of documentation indicating a measurable pain scale, evidence of increased function and decreased pain, absence of a frequency of dose, and evidence of long term use, the request is not supported. Thus, the request for refills x 4 for Percocet 10/325mg #60 is not medically necessary.