

<b>Case Number:</b>	CM14-0214506		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 male with a date of injury of 8-8-2006. He has had 2 cervical fusion surgeries and has chronic neck pain with patchy temperature changes to the upper extremities. The diagnoses include cervical spinal stenosis with myelopathy, cervical spondylosis, cervicgia, brachial neuritis, cervical post-laminectomy syndrome, and degeneration of a cervical intervertebral disc. He has been treated with physical therapy, acupuncture, muscle relaxants, and opioid pain medication. He has been intolerant of four opioids previously for one reason or another and recently has been taking percocet 10/325 mg one four times daily. His pain has been improving with pain levels in the 2-3/10 range without medications and 0-1 with medication. He has returned to work. Functional improvement is documented in the chart and the injured worker evidently returned to work 7-21-2014. Pharmacy monitoring is occurring via CURES reports but a recent urine drug screen cannot be found in the submitted record. The physical exam shows diminished cervical flexion, and tenderness of the the cervical paravertebral muscles and trapezius muscles. There is diminished sensation in the region of C7-C8 on the right with normal upper extremity reflexes. At issue is a request for percocet 10/325mg #120. This was previously non-certified due to a lack of functional improvement shown and no recent urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

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

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

**Decision rationale:** Patients prescribed opioids chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Assuming no intolerable side effects and no aberrant behavior, opioids may generally be continued if there is improved pain and functionality as a consequence and/or the injured worker has regained employment. Oxycodone/acetaminophen (Percocet; generic available): Side Effects: See opioid side effects and acetaminophen. Analgesic dose: Dosage based on oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg PO every 4 to 6 hours prn. Note: Maximum daily dose is based on acetaminophen content (Maximum 3000mg/day). For more severe pain the dose (based on oxycodone) is 10-30mg every 4 to 6 hours prn pain. In this instance, improved pain and functionality are indeed documented. However, on 11-26-2014 the physician notes that the injured worker was taking the percocet only at bedtime and only as needed, and not taking the medication during the day. And yet, the physician prescribed percocet 10/325 one four times daily for pain, #120. Pain levels without medication have ranged from 2-3/10 without medication in recent months. The 10 mg oxycodone dose is recommended for more severe pain. Pain levels of 2-3/10 do not constitute severe pain. With documentation that the injured worker is taking the medication only before bed, the quantity of #120 percocet 10/325 does not seem justified. It is acknowledged that the injured worker had itching previously with hydrocodone but the dose and quantity of the requested medication are not in alignment with the stated medical guidelines or customary medical practice. Therefore, Percocet 10/325mg #120 was not medically necessary. A modified quantity has already been certified.