

<b>Case Number:</b>	CM15-0114347		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Arizona, California  
 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 56 year old male who sustained an industrial injury on 1/7/13. The injured worker was diagnosed as having spinal stenosis. Currently, the injured worker was with complaints of Left C8-T1 radiculopathy, T1-2 disc degeneration, prior C2-C6 anterior and posterior cervical decompression and fusion, chronic right C5-C8 cervical radiculopathy and left median neuropathy. Previous treatments included exercise, epidural steroid injection, oral pain medication and a walker for ambulation. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 5/10 with medication and a 10/10 without medication. The plan of care was for medication prescriptions.

### 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 Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for over 6 months. In addition, Tramadol was recently added to the regimen. No one opioid is superior to another. Failure of Tylenol, NSAID or Tricyclic were not noted. The continued and chronic use of Percocet is not medically necessary.