

<b>Case Number:</b>	CM15-0122851		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42 year old female with an industrial injury dated 03/27/2013. The injured worker's diagnoses include multilevel cervical disc protrusion, cervical spondylosis and facet arthritis, cervical myofascial spasm, lumbar disc protrusion, lumbar spondylosis and facet arthritis, and lumbar myofascial spasm. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/04/2015, the injured worker reported persistent pain in both neck and lower back. The injured worker reported that the pain worsened overtime and rated pain a 9/10 in intensity. She reported numbness and tingling in both upper extremities. Objective findings revealed palpable cervical and lumbar myofascial spasm, limited cervical range of motion and decreased biceps deep tendon. The treating physician prescribed Percocet 10/325 mg #60 and Motrin 600 mg #90 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in March 2013. On 04/17/15 she was taking Percocet up to six times per day. She had pain rated at 8/10. In May 2015 pain was rated at 9/10. When seen, she was having left shoulder symptoms rated at 7-8/10. Physical examination findings included positive left shoulder impingement testing. Motrin and Percocet were prescribed. The total MED (morphine equivalent dose) was 30 mg per day. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

**Motrin 600 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in March 2013. On 04/17/15 she was taking Percocet up to six times per day. She had pain rated at 8/10. In May 2015 pain was rated at 9/10. When seen, she was having left shoulder symptoms rated at 7-8/10. Physical examination findings included positive left shoulder impingement testing. Motrin and Percocet were prescribed. The total MED (morphine equivalent dose) was 30 mg per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.