

<b>Case Number:</b>	CM15-0124964		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 43-year-old male who sustained an industrial injury on 05/24/2010. Mechanism of injury occurred because of repetitive stress related to his position as a correctional officer. Diagnoses include cervical facet disease, chronic neck pain, migraines, low back pain, cervical disc disease and upper thoracic pain. Treatment to date has included diagnostic studies, right carpal tunnel release, acupuncture treatments, medications, massage therapy, physical therapy, and dorsal medial branch block to the right cervical spine, and he exercises. His medications include Percocet, Cambia, Trazodone, Hydrochlorothiazide, Metoprolol, Lisinopril, Flomax, Advair, Flexeril and Gabapentin. He is currently off work due to the carpal tunnel surgery but he usually is working full time. A physician progress note dated 05/21/2015 documents the injured worker complains of neck and low back pain. He is doing much better, after he had a cervical radiofrequency ablation done about a week ago and is having an 80% decrease in pain. He is having fewer headaches, but more localized low back pain. He also had a right carpal tunnel release surgery done last week and he is having some pain in the wrist, but he is starting to get feeling back in his hand. This is from another claim. He rates his pain as 5 out of 10 without his medications and 3 out of 10 with his medications. He is much less tender in the upper facets on the right of the cervical spine and range of motion is full. He is tender in the mid thoracic spine around T6 through T8. Lumbar spine range of motion is full and there is tenderness in the upper lumbar paraspinal muscles. He would like to wean off the Percocet and would like to use Nucynta for his neck and low back pain. A urine toxicology screen from 04/23/2015 was consistent with his medications. The treatment plan included a prescription for Nucynta. Treatment requested is for Percocet 10/325mg #45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report, dated 5/21/15 it was noted that the injured worker desired to wean off of Percocet and that he would like to take Nucynta ER for his neck and low back pain. He stated that he got good relief and tolerated it well and he had less mental cloudiness. UDS dated 4/23/15 was consistent with prescribed medications, CURES was also consistent. The injured worker is switching to a long acting opioid from a short acting and from a combo product with Tylenol to one without. He is also in the acute post-operative period so he falls under acute pain guidelines. I respectfully disagree with the UR physician, the request is medically necessary.