

<b>Case Number:</b>	CM15-0170258		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/29/1999
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old man sustained an industrial injury on 7-29-1999. The mechanism of injury is not detailed. Treatment has included oral medications and surgical intervention. Physician notes dated 7-22-2015 show complaints of neck and thoracic spine pain rated 7 out of 10. The physical examination shows normal plane alignment of the neck without midline abnormalities or use of spinal orthosis, tenderness is present upon palpation of the neck and mid thoracic regions, no tenderness is noted upon palpation of the bilateral upper extremities, cervical range of motion is 60% of normal in flexion, extension, and rotation, bilateral upper and lower extremity range of motion is 100% of normal, Spurling's maneuver is negative, straight leg raise is negative, motor functioning is normal in the bilateral upper extremities, reflexes of the bilateral upper extremities is normal and symmetric, no sensory hypesthesia is noted, and negative clonus and Hoffman's sign. Recommendations include Cymbalta, Baclofen, Ultram, Zomig, Percocet, go to the emergency room for worsening symptoms, and follow up in eight weeks. Utilization Review modified a request for Norco citing the medical necessity for continued use of this medication has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325mg 1 by mouth every day qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 7.5/325 mg one PO QD #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is status post cervical fusion. The date of injury is July 29, 1999. Request for authorization is July 27, 2015. According to the progress note dated January 28, 2015, the injured worker was prescribed Duragesic 25 g and Ultram. According to the progress note dated May 27, 2015, Norco was added to the Duragesic and Ultram prescriptions. According to the July 22, 2015 progress note, the injured worker's status post cervical fusion and has ongoing neck and thoracic pain 7/10. Objectively, there is tenderness to palpation with decreased range of motion of the cervical spine. The treating provider handed #2 prescriptions of Percocet to the injured worker. There is no documentation demonstrating objective functional improvement with prior Duragesic, Ultram or Norco. There is no risk assessment or detailed pain assessments in the medical record associated with the prior use of Duragesic, Ultram or Norco. There is no clinical indication for adding Percocet to the drug regimen in the absence of objective functional improvement with other long acting opiates. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with prior opiate use, no risk assessments or detailed pain assessments and no clinical indication for adding Percocet while discontinuing Duragesic, Ultram or Norco, Percocet 7.5/325 mg one PO QD #30 is not medically necessary.