

<b>Case Number:</b>	CM15-0049798		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	11/06/2000
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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

Certification(s)/Specialty: Emergency 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 61 year old woman sustained an industrial injury on 11/6/2000. The mechanism of injury is not detailed. Diagnoses include muscle spasms, cervicgia, cervical radiculitis. Treatment has included oral and topical medications, physical therapy, cervical and lumbar injections, and massage therapy. Physician notes dated 9/16/2014 show complaints of cervical spine pain with radiation down the bilateral upper extremities rated 2/10. Recommendations include refill current medications with prescriptions given for Carisoprodol, Bupropion, Percocet, and Oxycodone, increase activity as tolerated, and follow up in five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78-80 of 127.

**Decision rationale:** For opioids to be taken for such a prolonged period of time, certain criteria must be met. These include, in part, functional gains. Opioids have been suggested for neuropathic pain that has not responded to first-line medications which include antidepressants and anticonvulsants. Opioids appear to be efficacious for short-term pain relief but long-term improvement appears limited (greater than 16 weeks). Failure to respond to a time-limited course of opioids has led to the suggestion of consideration of alternative therapy. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%. There is inadequate documentation to support chronic opioid use based on lack of functional gains demonstrated. Patients who are opioid tolerant should not discontinue use abruptly, but should be weaned off gradually in order to avoid an acute withdrawal syndrome.

**Oxycodone 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78-80 of 127.

**Decision rationale:** For opioids to be taken for such a prolonged period of time, certain criteria must be met. These include, in part, functional gains. Opioids have been suggested for neuropathic pain that has not responded to first-line medications which include antidepressants and anticonvulsants. Opioids appear to be efficacious for short-term pain relief but long term improvement appears limited (greater than 16 weeks). Failure to respond to a time-limited course of opioids has led to the suggestion of consideration of alternative therapy. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%. There is inadequate documentation to support chronic opioid use based on lack of functional gains demonstrated. Patients who are opioid tolerant should not discontinue use abruptly, but should be weaned off gradually in order to avoid an acute withdrawal syndrome.