

<b>Case Number:</b>	CM15-0074374		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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:

The injured worker is a 68 year old male, who sustained an industrial injury on 12/28/10. The injured worker has complaints of aching and intermittent stabbing right shoulder pain. The diagnoses have included severe right neural foraminal narrowing at L3-4; multilevel disc herniations of the cervical spine with stenosis; cervical radiculopathy and lumbar radiculopathy. Treatment to date has included injections; chiropractor treatments; tramadol; gabapentin and Percocet. The request was for Percocet and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg 1tab po 4-6hrs #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids used to treat chronic non-malignant pain should be discontinued if there is no functional improvement. The patient's vocational functional status remains the same in spite of the reported reduction in pain. Furthermore the need for additional pain procedures persists in spite of the quantity of Percocet provided. The ongoing use of Percocet does not adhere to MTUS 2009 in this situation and therefore this request for #180 Percocet is denied. Therefore, the requested treatment is not medically necessary.

**Tramadol 100mg 1tab po #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids used to treat chronic non-malignant pain should be discontinued if there is no functional improvement. The patient's vocational functional status remains the same in spite of the reported reduction in pain. Furthermore the need for additional pain procedures persists in spite of the quantity of Tramadol provided. The ongoing use of Tramadol does not adhere to MTUS 2009 in this situation and therefore this request for #30 Tramadol is denied. Therefore, the requested treatment is not medically necessary.