

<b>Case Number:</b>	CM15-0075099		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/16/2015
<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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 08/23/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical degenerative disc disease, status post shoulder surgery for adhesive capsulitis, thoracic pain, and chronic low back pain. Treatment to date has included medication regimen, magnetic resonance imaging of the cervical spine, above listed procedure, electromyogram of the left upper extremity, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the lumbar spine, and use of a cane. In a progress note dated 04/01/2015 the treating physician reports complaints of ongoing neck and upper back pain with spasms. The treating physician also noted significant tenderness to palpation of the cervical and upper thoracic paraspinal muscles with spasms. The treating physician requested the medication use of Percocet 10/325mg with a quantity of 180 and no refills noting that six Percocet tablets a day assist in managing the injured worker's pain and has allowed her to stay weaned off of Fentanyl Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Treatment records note prior physician reviews which have recommended modification of opioid requests for the purpose of taper/discontinuation. While such a taper is consistent with MTUS guidelines, there is no provision for modification as part of an IMR. Therefore this request is not medically necessary.