

<b>Case Number:</b>	CM15-0075301		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/03/2015
<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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 56 year old male who sustained an industrial injury on 10/14/09. He has reported initial complaints of neck pain left shoulder pain with pop after lifting a 55 pound bag of pallets. The diagnoses have included cervical disc disease, cervical radiculopathy, right shoulder impingement, bilateral carpal tunnel, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, anxiety, depression, and chronic pain. Treatment to date has included medications, surgery, diagnostics, activity modifications, and home exercise program (HEP). The diagnostic testing that was performed included x-rays, Magnetic Resonance Imaging (MRI) and computerized axial tomography (CT scan) scan. The current medications were not noted. Currently, as per the physician progress note dated 2/10/15, the injured worker complains of pain in the cervical spine, bilateral shoulders, lumbar spine and bilateral wrists rated from 7-9/10 on pain scale which has increased since last visit. He reports that the medications help him with his pain and function. Physical exam revealed wide based gait, difficulty with heel toe walk due to back pain, cervical tenderness and spasm, and positive axial head compression test and Spurling sign on the left with facet tenderness noted. The cervical and bilateral shoulder range of motion was decreased. There was positive impingement sign in the bilateral shoulders. The Tinel's sign was positive in the bilateral wrists with decreased sensation noted. The lumbar spine revealed muscle and facet tenderness, positive orthopedic testing, positive farfan test, and decreased lumbar range of motion. There was right knee pain with positive patellar compression bilaterally. The physician requested treatment included Percocet 10/325mg #180 for breakthrough pain.

## 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 Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet in excess of the recommended 2-week limit and is currently taking both Percocet and OxyContin. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances." Medical records fail to demonstrate any improvement in his overall pain level and there is lack of documentation of "overall improvement in function", which are indications of when an opioid should be discontinued. The UR modified the request to allow for a wean which is appropriate. As such, the request for PERCOCET 10/325MG #180 is not medically necessary.