

<b>Case Number:</b>	CM15-0079002		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/25/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 62 year old male, who sustained an industrial injury on 05/25/2014. He reported injury to his head, neck, back and side. According to a progress report dated 02/10/2015, the injured worker reported cervical pain with upper extremity symptoms that was rated 7 on a scale of 1-10. Low back pain with lower extremity symptoms was rated 7. He complained of headache, hypertension and depression. Medication regimen included Cymbalta, Hydrocodone, Oxycodone and Trazodone. Diagnoses included protrusion 2 millimeter C3-C7, protrusion 2 millimeter L1-2, L3-4, L5-S1 and 3 millimeter at L4-5, hypertension rule out industrial causation, possible post-concussion syndrome including headache and reactive depression/anxiety. Treatment plan included chiropractic treatment, psychological evaluation, internal medicine consult, retro-request for TENS 30 day trial and continuation of Cymbalta, Hydrocodone, Oxycodone and Trazodone. The injured worker was temporarily totally disabled. Currently under review is the request for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As 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. Therefore this request is not medically necessary.