

<b>Case Number:</b>	CM13-0020524		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; a lumbar x-ray of September 23, 2013, notable for chronic wedge fracture of L1-L2; CT scanning of the lumbar spine of September 20, 2013, notable for a burst fracture of L1 showing 70% to 80% loss of vertebral height; and extensive periods of time off of work. The applicant's case and care have apparently been complicated by comorbid epilepsy. In a utilization review report of August 19, 2013, the claims administrator apparently approved some of the applicant's medications while denying others. The applicant's attorney subsequently appealed. In a September 9, 2013 progress note, it is acknowledged that the applicant presents with chronic low back pain. He is on Exalgo 16 mg twice daily and Percocet 5/325 up to four times a day. He is also using Lyrica 100 mg three times a day. He is walking with a limp. Multiple medications are refilled. An intrathecal pump is endorsed. The applicant is asked to obtain a psychological clearance. He is apparently off of work, it has been suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg 4 a day #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant seemingly fails to meet these criteria. He does not appear to have returned to work. The most recent progress note provided does not detail any evidence of improved functioning in terms of non-work activities of daily living. There is no clear-cut evidence of pain relief, either. Therefore, the request for Percocet remains non-certified, on independent medical review.

**Exalgo 16mg BID #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Continue Opioids Page(s): 80.

**Decision rationale:** As with Percocet, there is no evidence that the applicant meets the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no evidence of successful return to work, improved functioning, improved performance of non-work activities of daily living, and/or diminished reliance on medical treatment. Therefore, the request is not certified.