

<b>Case Number:</b>	CM13-0035093		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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/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 patient is a 40 year old male with a date of injury of 1/10/07. He has been treated for ongoing symptoms related to his low back. Subjective complaints are of low back pain rated at 9/10, with numbness and burning in the left leg. Physical exam showed lumbar spine muscle rigidity and spasm, positive bilateral straight leg raise test, 1+ reflexes, and decreased sensation in the left lateral calf and bottom of the foot. A lumbar MRI in 2010 showed disc bulges at L4-5, and L5-S1 with findings suggestive of facet syndromes. EMG taken in August 2010 reported L5 radiculopathy. The worker had not worked since the injury, and was declared permanent and stationary in August 2010. Medications include Percocet 10/325mg four times a day as needed, Mobic 15mg daily (later Naprosyn 500 mg twice a day), and Flexeril 10mg at bedtime. A 2013 qualified medical examiner reevaluation reports a repeat EMG on 4/26/12 which was normal, and a MRI taken on 4/6/12 which was unchanged. A primary physician's report notes 50% functional improvement in household duties when taking Percocet. Submitted documentation also indicates that a narcotic contract is present, as well as current urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 PERCOCET 10/325MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, and aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation of MTUS opioid compliance guidelines is present, including an updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.