

<b>Case Number:</b>	CM13-0065034		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 53-year-old who reported an injury on October 5, 2010. The mechanism of injury was that the injured worker stepped over a hole with her right foot, causing her to fall forward into the hole. The injured worker's medication history included opiates as of January of 2013. Final Determination Letter for IMR Case Number CM13-0065034 3 The documentation of October 28, 2013 revealed that the injured worker had been treated with physical therapy, acupuncture and medications. It was indicated that the injured worker's current medication was Norco two to three pills a day. The diagnoses included mechanical low back pain, lumbar joint arthropathy, lumbar degenerative disc disease, probable right sacroiliitis, possible right L5 and S1 radiculitis and myofascial pain syndrome. The planned course of treatment included Robaxin, tizanidine, a spine surgeon consultation and Percocet 10/325 at 3 per day

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Section Page(s): 78,101. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain,Ongoing Management Page(s): 78,60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication since January 2013. There was a lack of documentation of the above recommendations. The request as submitted failed to indicate the frequency for the requested medication. The request for Percocet 10/325 mg, ninety count, is not medically necessary or appropriate