

<b>Case Number:</b>	CM14-0103540		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/07/2002
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy; opioid therapy; earlier lumbar spine surgery; spinal cord stimulator implantation; and sleep aids. In a Utilization Review Report dated June 9, 2014, the claims administrator denied a request for Percocet, stating that the applicant's dosage of Percocet was too high. The claims administrator did not incorporate any guidelines into its rationale and did state, somewhat incongruously, that the applicant had reported good functional improvement with medications. At the bottom of its report, the claims administrator invoked a variety of non-MTUS Guidelines, including the Physician's Desk Reference, Goodman & Gilman, ACOEM, Third Edition, and ODG. The applicant's attorney subsequently appealed. In a May 22, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the legs. The applicant was using Ambien, Protonix, Zanaflex, methadone, Percocet, and Protonix. The attending provider posited that Ambien was ameliorating the applicant's sleep. The attending provider stated that the applicant was deriving appropriate analgesia with ongoing medication consumption but did not quantify the extent of the same. Methadone, Percocet, Ambien, and Protonix were refilled. The applicant was somewhat overweight with a BMI of 30, it was incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**150 Tablets of Percocet 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006. Physicians Desk Reference 68th ed. [www.RxList.com](http://www.RxList.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy with Percocet. Therefore, the request is not medically necessary.