

<b>Case Number:</b>	CM14-0108241		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 60-year-old individual was reportedly injured on 12/6/2003. The mechanism of injury was not listed. The most recent progress note, dated 6/17/2014, indicated that there were ongoing complaints of bilateral arms pain and back pain that radiated down the bilateral lower extremities. The physical examination demonstrated steady gait unassisted. Lumbar spine had positive tenderness to palpation of the paraspinal muscles with spasm and positive facet loading sign bilaterally. There was decreased range of motion and positive diffuse tenderness to the thoracic paraspinal muscles. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for Percocet 10/325 mg #90 and was not certified in the pre-authorization process on 6/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** The MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.