

<b>Case Number:</b>	CM14-0111505		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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:

This female patient has developed chronic low back and knee pain secondary to a motor vehicle accident, DOI 12/21/98. She has been treated with knee arthroscopy and physical therapy for the low back. The chronic low back pain is thought to be multifactorial from Degenerative Disc Disease (DDD) and facet arthropathy. She is treated with oral analgesics which consist of NSAIDs, Opioids (tramadol 50mg and Percocet 7.5/375mg). Less than 30 Percocet are used on a monthly basis. There are days that the Percocet is not used and there is no historical evidence of opioid misuse. Urine Drug Screen (UDS) and Cures reports have been consistent with prescribed medications. Quality of life measures/functional activities are reported to be significantly improved with the long term judicious use of Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/ Acetaminophen 7.5/325mg #30 times 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

**Decision rationale:** MTUS Chronic Pain Guidelines support the appropriate use of Opioids if there are functional and quality of life benefits. It is clearly documented that this patient has not misused the Opioid medications, is being appropriately monitored and its judicious use meets Guideline standards for continued use. The Percocet 7/5/375 #30 with 2 refills is medically necessary.