

<b>Case Number:</b>	CM14-0120563		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family 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 is a 30-year-old male who reported an industrial injury to his low back on 5/24/2010, over four (4) years ago, attributed to the performance of his usual and customary job tasks reported as dumping trays. The patient was treated for a diagnosis of lumbar spine sprain/strain with physical therapy and medications and activity modifications. The patient received lumbar spine ESI. The patient received authorization for a TENS unit. The MRI of the lumbar spine documented evidence of right paracentral disc extrusion is seen at L5-S1, which comes in close proximity to the right traversing S1 nerve root. Mild to moderate bilateral neural foraminal stenosis at L5-S1, which may abut the bilateral exiting L5 nerve roots. The remainder demonstrates less severe degenerative changes. No abnormal cord signal or cord compression. The objective findings on examination included tenderness to palpation L4-L5 and bilateral posterior, superior iliac spine on deep palpation; range of motion restricted to the lumbar spine; SLR positive on the right. The diagnosis was chronic low back pain. The patient was prescribed Percocet 10/325 mg #90.

### 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 OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116; Official Disability Guidelines (ODG) chapter on pain, opioids, criteria for use

**Decision rationale:** ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There was no demonstrated medical necessity for the continuation of Percocet 10/325 mg #90 for the treatment of the effects of the industrial injury. Therefore, the request for Percocet 10/325mg #90 is not medically necessary and appropriate.