

<b>Case Number:</b>	CM14-0128422		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/26/2011
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 58-year-old female who reported injury on 03/26/2011 due to receiving an injury while giving bedside care. The injured worker complained of back pain which was described as aching, burning, stabbing and shooting down the leg. The diagnostics of the lumbosacral spine dated 04/20/2011 revealed L4-5 disc extrusion that migrated inferior to the disc space impinged on the L5 nerve root. The medications included Percocet 5/325 mg, QVAR and naproxen. The injured worker rated her pain a 2/10 using the VAS. Past treatments were not provided. The treatment plans included volunteering, home exercise program, yoga, gym activity, participating in routine activities of daily living, and Percocet. The request for authorization dated 08/15/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5-325mg Tablet #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Percocet 5/325 mg tablet #240 is not medically necessary. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The clinical notes indicate that the injured worker's injury was in 2011. Per the documentation, the injured worker was not tapered off of the Percocet; however, the injured worker rated her pain a 2/10 using the VAS. The injured worker is working full time, active with a home exercise program, going to yoga, doing gym activities, and was performing routine ADLs. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.