

<b>Case Number:</b>	CM14-0129619		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/12/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 is a 56-year-old male with a 11/12/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/30/14, the patient underwent a lumbar ESI on 7/15/14 with 80% reduction in pain for only about 9-10 days. The symptoms have returned to baseline. He reported ongoing low back pain with radiating pain travelling down the left greater than right leg. The pain medication had previously helped him do his activities of daily living with less severe pain. With his pain medication his symptoms are 6-7/10, but they are 10/10 without the medication. Objective findings: tender to palpation in the L4-5 paraspinals, lumbosacral spine range of motion is limited at end ranges secondary to pain. Diagnostic impression: lumbar discogenic pain left L4/L5 radicular pain, secondary depression. Treatment to date: medication management, activity modification. A UR decision dated 8/6/14 modified the request for Percocet #60 with 2 refills to Percocet #60 with zero refills for tapering the patient off this medication. Despite prior warning on previous review, submitted reports lack documentation of current urine drug screen results, risk assessment profile, and an attempt at weaning/tapering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use For Therapeutic Trial of Opioids. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2006 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, it is noted that prior UR decisions have recommended weaning the patient off of opioid medications. There is no documentation in the reports provided that the provider has addressed the issue of weaning. Therefore, the request for Percocet 10/325mg #60 x 2 refills was not medically necessary.