

<b>Case Number:</b>	CM14-0137224		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 06/21/2009. The mechanism of injury was not provided. On 04/21/2014, the injured worker presented with low back pain. Upon examination, the injured worker ambulated with the use of a cane and was sitting on the edge of the seat in discomfort. There were no new neurological deficits present at this time. Current medications included Celebrex, Cymbalta, Colace, Percocet, Prilosec, Prozac, Senokot, and Lyrica. The diagnoses were lumbago and degenerative lumbar or lumbosacral intervertebral disc. The provider recommended Percocet; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95 &124.

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opiates for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, current medication use, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Percocet 10/325 mg #120 is not medically necessary.