

<b>Case Number:</b>	CM14-0137569		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/26/2000
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 62 year old male with date of injury of 2/26/2000. A review of the medical records indicates that the patient is undergoing treatment for chronic lumbar back pain. Subjective complaints include shooting pain in his back down to both buttocks. Objective findings include pain with extension of lumbar spine; limited flexion; positive straight leg raise. Treatment has included left sacroiliac joint and greater trochanteric bursa injection, lumbar epidural steroid injection, Kadian and Oxycodone. The utilization review dated 8/8/2014 partially-certified Percocet #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Percocet 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

**Decision rationale:** Percocet (Oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to

exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". Medical records indicate that the overall pain level has increased over the last several months and there is lack of documentation of 'overall improvement in function', which are indications of when an opioid should be discontinued. As such, the request for Percocet 10/325 mg, #180 is not medically necessary.