

<b>Case Number:</b>	CM14-0160155		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 North Carolina. 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 37-year-old with a reported date of injury of 09/12/2011. The injured worker has the diagnoses of lumbar post laminectomy syndrome, lumbar radiculopathy and chronic pain syndrome. Per the most recent progress notes provided for review from the treating physician dated 10/03/2014, the injured worker had the complaints of continued left lower extremity pain and numbness and tingling. The physical exam noted tenderness over the lower lumbar spine with limited lumbar range of motion and a positive straight leg raise tests on the left. There was diminished light touch in the L5 and S1 dermatome on the left. The treatment plan recommendations included continuation of pain medication, home exercise program and functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome

measures and improvement in function. The most recent progress reports show the injured worker has not returned to work. The medication is said to decrease pain by 50% but there is no objective evidence such as VAS scores. There is also no objective measure of improvement in function. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.

**Tramadol 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no objective evidence provided of pain reduction such as VAS scores. There is also no objective measure of improvement in function. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.