

<b>Case Number:</b>	CM14-0162760		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Internal Medicine, Pulmonary Disease and is licensed to practice in California, Florida, and New York. 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 49 year old male who reported an injury on 05/11/2009. The mechanism of injury occurred when the injured worker was moving x-ray boxes. His diagnoses included displacement of lumbar intervertebral disc without myelopathy. His past treatments included medications, injections, 12 completed physical therapy sessions and 10 completed work conditioning sessions. An official magnetic resonance imaging of the lumbar spine on 06/28/2013 and an x-ray on 03/12/2013 were included in his diagnostic studies. An official computed tomography of the lumbar spine on 03/13/2014 was also included. The injured worker had a lumbar decompression left L3-4 and L4-5 on 02/29/2012. At an examination on 09/09/2014 the injured worker complained of pain at night, difficulty with activities of daily living, lower extremity pain with walking; greater on the right. Upon further examination the injured worker was noted to have a positive straight leg raise, decreased range of motion, positive paraspinal spasm; greater on the right, positive pain with flexion and extension. His current medications were noted to include Soma, Percocet and Terocin patches. Documentation submitted for review noted a treatment plan on 07/01/2014 that included a refill of Percocet and Soma and a follow up appointment after one month. The rationale for the request was not provided. The request for authorization form signed on 09/09/2014 was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/525mg #90:** Upheld

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

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

**Decision rationale:** The request for Percocet 10/525 mg # 90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level; 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. The documentation submitted for review indicates the injured worker had decreased pain throughout the day. However, there was no quantified information regarding pain relief, including a detailed assessment with average pain, intensity of pain, or longevity of pain relief. Additionally, there was lack of documentation regarding adverse effects and evidence of consistent results on urine drug screen to verify appropriate medication use. In the absence of this documentation, the ongoing use of Percocet is not supported by the guidelines. As such, the request is not medically necessary.