

<b>Case Number:</b>	CM14-0165314		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic Surgery, and is licensed to practice in 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 patient has chronic low back pain and a date of injury is April 26, 2011. The patient had spinal surgery in December 2011. MRI shows evidence of laminectomies and spinal fusion L5-S1. X-ray show lumbar spinal fusion at L5-S1. Patient has had physical therapy and a home exercise program. The patient is diagnosed with a Degenerative lumbar spine. The patient reports back and leg pain. The patient also has depression. Physical examination is decreased range of motion. The muscle spasm over the lumbar spine. Straight leg raise normal. The patient takes narcotic pain medication. At issue is whether additional narcotic pain medications medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg 1-2 tabs every 6 hrs PRN, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

**Decision rationale:** MTUS guidelines do not support the use of narcotics her chronic low back pain. This patient has had narcotic therapy documented in the medical records. There is no

documentation of significant improvement with narcotic medication. There is no documentation of a functional capacity evaluation. There is no documentation of significant reduction in pain scores of previous narcotic medication. Is no back vacation improve function with previous narcotic medication. Additional narcotic medication is not medically necessary at this time and not supported by guidelines.

**Oxycontin 60mg 1-2 tabs every 6 hrs, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

**Decision rationale:** MTUS guidelines to not support the use of narcotics her chronic low back pain. This patient has had narcotic therapy documented in the medical records. There is no documentation of significant improvement with narcotic medication. There is no documentation of a functional capacity evaluation. There is no documentation of significant reduction in pain scores of previous narcotic medication. Is no back vacation improve function with previous narcotic medication. Additional narcotic medication is not medically necessary at this time and not supported by guidelines.