

<b>Case Number:</b>	CM14-0172550		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 73-year-old male who reported an injury on 05/06/2008. The mechanism of injury involved a fall. The current diagnoses include lumbar facet pain, axial and radicular pain, and spinal cord stimulator. The injured worker was evaluated on 09/15/2014 with complaints of an increase in lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment is noted to include chiropractic therapy, medication management, and lumbar medial branch blocks. The current medication regimen includes Celebrex 200 mg, docusate 100 mg, Lyrica 150 mg, OxyContin 60 mg, Senna 8.6 mg, and Percocet 10/325 mg. Physical examination revealed no acute distress, a slow and stiff gait, tenderness at the lumbar facet joints, pain with extension and rotation, tenderness over the bilateral SI joints, right trochanter tenderness, positive Faber testing, normal deep tendon reflexes in the bilateral lower extremities, and intact sensation. Treatments recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Percocet 10/325mg #240 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a "therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics." Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Percocet 10/325 mg since 06/2012. There is no documentation of objective functional improvement. Previous urine toxicology reports, documenting evidence of patient compliance and non-aberrant behavior, were not provided. There is no documentation of a written pain consent or agreement for chronic use of an opioid. There is also no frequency listed in the request. As such, the request is not medically necessary.