

<b>Case Number:</b>	CM14-0186284		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 (Occupational) Medicine and is licensed to practice in Massachusetts, New Hampshire 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 31-year-old female who reported an injury on 06/17/2010. The mechanism of injury was due to pushing a box and feeling a sharp pain in her low back. The injured worker has a diagnosis of lumbar sprain/strain, lumbosacral or thoracic neuritis/radiculitis unspecified, thoracic sprain/strain, and cervical sprain/strain. Past medical treatment consists of chiropractic therapy, the use of a TENS unit, the use of a walker, physical therapy, epidural injections, and medication therapy. Medications include Norco 10/325, naproxen 550 mg, cyclobenzaprine 7.5 mg, omeprazole 20 mg, and docusate sodium 100 mg. No diagnostics were submitted for review. On 11/07/2014, the injured worker complained of low back pain. It was noted on physical examination that the injured worker had tenderness to palpation along the lumbar spine. Medical treatment plan was for the injured worker to continue with medication therapy and the use of a TENS unit. Rationale and Request for Authorization form were not submitted for this review.

### 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 ACOEM.

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

**Decision rationale:** The request for Percocet 10/325mg, #30 is not medically necessary. The submitted documentation did not discuss the efficacy of the medication, nor did it indicate that the medication was assisting with any pain that the injured worker was having. Additionally, it is unclear as to how long or when the injured worker was prescribed the Percocet. There were no UAs or drug screens submitted for review showing that the injured worker was compliant with prescription medications. Furthermore, it was indicated that the injured worker was taking Norco 10/325. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Given the above guidelines and lack of submitted documentation, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.