

<b>Case Number:</b>	CM14-0021379		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 is a 58 year old female with an injury date of 8/28/02. Based on the 2/3/14 progress report provided by [REDACTED], the patient complains of low back pain which radiates down the right lower extremity. In regards to the lumbar spine, tenderness was noted upon palpation bilaterally in the paravertebral area of the L4-S1 levels; pain was significantly increased with flexion and extension. Tenderness was also noted in the right knee. The patient is diagnosed with lumbar radiculopathy, status post lumbar spine fusion, and Vitamin D deficiency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG #115:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

**Decision rationale:** Review of the reports shows that the patient has been taking Percocet since the first progress report provided (8/5/13). For chronic opiate use, the MTUS Guidelines require documentation using a numerical scale or a validated instrument at least once every six months.

Documentation of the 4As (analgesia, activities of daily living, adverse side effects, and adverse behavior) are required. Furthermore, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. In this case, there are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in activities of daily living, change in work status, or return to work attributed to use of Percocet. The treating physician does not provide any pain scale or use of any validated instrument to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary.