

<b>Case Number:</b>	CM14-0027074		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/25/2002
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Physical Medicine and Rehabilitation 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:

This 58 year old patient sustained an injury on 10/25/02 while employed by [REDACTED]. The patient is s/p L4-5 lumbar fusion in 2009, s/p lumbar laminectomy in 2013 with diagnoses of right sacroiliac joint pain and piriformis syndrome. A psychiatry QME report dated 12/30/13 noted the patient with diagnoses of major depression, panic disorder, marijuana abuse, and learning disability. A report of 12/31/13 from the provider noted the patient with continued low back and right hip pain. Exam showed antalgic gait; tender lumbar palpation; limited painful extension, rotation, and flexion; motor strength normal at 5/5; and normal sensory exam. Medication prescription include OxyContin 30 mg #120 and Percocet 10-325 mg #240, and Tizanidine 4mg #150. The patient remained disabled. A report of 2/5/14 from the provider noted the patient with complaints of low back pain, bilateral hip and right leg pain with burning sensations across the lower back. Pain is rated at 7/10 with right leg giving out a week prior. Exam essentially unchanged. The request for 1 prescription of percocet 10/325mg #210 was partially-certified for quantity of #101 on 2/24/14 citing guidelines criteria and lack of medical necessity.

### 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 #210:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS Chronic Pain Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request is not medically necessary and appropriate.