

<b>Case Number:</b>	CM14-0031118		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 55-year-old male injured on 08/09/99 due to undisclosed mechanism of injury. Current diagnoses included chronic low back pain, myofascial pain/spasm, chronic neck pain with cervical spondylosis, reactive depression/anxiety, left knee pain, general deconditioning and headache. Clinical note dated 01/17/14 indicated the injured worker presented complaining of continued low back pain, leg pain, and neck pain rated at 8/10. The injured worker reported legs continued to give out requiring use of cane for ambulation. Physical examination revealed pain across entire low back, reported numbness and tingling in bilateral lower extremities, antalgic gait, and no neurological deficits. The injured worker reported oxycodone, Percocet and Nucynta were helping manage pain. Ambien was helping with sleep. Documentation indicated the use of Methadone would be discussed at the next office visit. The initial request for Percocet 10-325mg #90 was non-certified on 02/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percoset 10/325 mg. #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 10/325 mg. #90 cannot be established at this time.