

<b>Case Number:</b>	CM14-0037790		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Management 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:

According to the records made available for review, this is a 64-year-old male with a 3/8/00 date of injury. At the time (3/4/14) of request for authorization for narcotic medication-Percocet, there is documentation of subjective (low back pain) and objective (marked loss of lumbar range of motion, poorly ambulatory, myofascial trigger points noted in the lumbar paraspinal muscles, and intermittent hypesthesia in left lower extremity in the L5-S1 dermatome) findings, current diagnoses (lumbar post-laminectomy syndrome), and treatment to date (medications (including ongoing treatment with Norco)). Medical report identifies that the dosage of the requested narcotic medication-Percocet is 10mg-325mg tablet to be taken as 1 tablet every 4 hours as needed with a quantity of 180 tablets. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcotic medication-Percocet:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Chronic pain subsection under Opioids/Medication

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of a diagnosis of lumbar post-laminectomy syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for narcotic medication-Percocet is not medically necessary.