

<b>Case Number:</b>	CM14-0046873		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/14/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 52 year old female who reported an injury on 10/14/2004. The mechanism of injury was not specified. Her diagnoses included lumbar discogenic syndrome, lumbosacral/thoracic neuritis or radiculitis, myofascial pain, chronic pain, and lumbar radiculopathy. Her treatments consisted of chiropractic treatment, a home exercise program, and injections. Her diagnostic studies included an MRI of the lumbar spine. Her surgeries were not provided. The note from 02/21/2014 showed that she had tenderness to palpation on the lumbar spine and right piriformis so she was given an injection of Depo Medrol. The emergency department note from 01/18/2014 noted her medications as Gabapentin 300mg 3 times daily, Norco 10/325mg twice daily, Cyclobenzaprine 7.5mg at bedtime, Naproxen 550mg twice daily, Venlafaxine 75mg daily, and Omeprazole. The treatment plan was for Percocet 5/500 MG #60. The rationale for the request was not provided. The request for authorization form was submitted on 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/500 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-75, 78.

**Decision rationale:** Based on the clinical information submitted for review, the request for Percocet 5/500 MG #60 is not medically necessary. As stated in California MTUS Guidelines, Percocet is a short acting opioid that is used to control intermittent or breakthrough chronic pain. It should be prescribed at the lowest possible dose to improve function and pain. There should be ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker suffered from a back injury. She was seeing a chiropractor and doing a home exercise program. She was prescribed Percocet and was using Norco 10/325 2-3 times daily. The clinical documentation did not provide information as to how the medication was beneficial to her. There was a lack of clinical information detailing pain relief to include what her pain level was at the time of visit; average pain; the least reported pain over the period since last assessment; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, appropriate medication use should be documented, which would include a recent urine drug screen with results; however, her last urine drug screen was noted to be on 10/18/2013. Also, the request failed to provide the frequency of the medication. As such, the request for Percocet 5/500 MG #60 is not medically necessary.