

<b>Case Number:</b>	CM14-0051309		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Minnesota. 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 31 year old male who reported an injury on 09/23/2012 due to a fall. His diagnoses included status post removal of hardware L4-L5 and L5-S1 with revision fusion at L5-S1 on 07/23/2013. On 01/29/2014, the injured worker reported moderate to severe aching low back pain rated at a 6-7/10. He denied radicular pain. The physical examination revealed no tenderness to palpation, a well healed lumbar incision site, full range of motion to the lumbar spine, intact sensation of the lower extremities, and a motor exam of 5-/5 for the bilateral lower extremities. The current medications included Percocet 7.5/325mg as needed once a day. The injured worker reported that medications helped decrease his pain and allowed him to function. The treatment plan was for 1 prescription of Percocet 7.5/325mg #30. The request for authorization form was signed on 01/29/2014. The rationale for the request was not provided.

### 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 7.5/325 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet (Oxycodone & acetaminophen).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80..

**Decision rationale:** In a progress report dated 01/29/2014, the injured worker reported low back pain rated at a 6-7/10. He was taking Percocet at the time and denied any side effects to the medication. The California MTUS guidelines state that ongoing management of opioid therapy should be monitored using 4 domains (analgesia, adverse side effects, activities of daily living, and aberrant drug taking behaviors). There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records provided indicate an ongoing prescription for Percocet since at least 11/19/2013. The documentation provided lacks information regarding objective functional improvement, effects on activities of daily living, aberrant drug taking behaviors, and a proper pain assessment. The injured worker continued to report moderate to severe pain despite medication use. It does not appear that the injured worker was experiencing objective functional improvement with the medication to warrant continued use. Furthermore, the frequency was not submitted within the request. Given the above, the request of Percocet 7.5/325 mg #30 is not medically necessary and appropriate.