

<b>Case Number:</b>	CM14-0061121		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 and Pain Management has a subspecialty in Interventional Spine 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 patient is a 54 year old with an injury date on 2/1/05. Patient complains of chronic bilateral lumbar pain per 3/31/14 report. Patient is not taking any medications currently, and his pain is mitigated by lying supine per 3/31/14 report. Based on the 3/31/14 progress report provided by [REDACTED] the diagnoses are: 1. Bilateral lumbar facet joint pain L3-IA, L4-L5, and L5-S1, 724.2.2. Central L5-S1 disc protrusion measuring 3-4 mm, 722.10.3. Central L4-L5 disc protrusion measuring 2-3 mm, 722.10.4. Lumbar degenerative disc disease, 722.52. 5. Lumbosacral sprain/strain, 847.2.6. Thoracic degenerative disc disease, 722.51.7. Depression secondary to chronic industrially-related pain. Exam on 3/31/14 showed lumbar range of motion restricted by pain in all directions. Extension more painful than flexion. Tenderness to palpation of lumbar paraspinals overlying bilateral L3-S1 facet joints. Lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffman's signs absent bilaterally. Muscle strength is 5/5 in all limbs. [REDACTED] is requesting Percocet 10/325mg. The utilization review determination being challenged is dated 4/15/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 3/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, (Opioids/Medication).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 76-78.

**Decision rationale:** This patient presents with lumbar pain. The treater has asked for Percocet 10/325mg on 3/31/14. Patient has taken Vicodin, Therapofen, Percocet, Gaboxetine, Norco, Soma, and Restoril prior, but is not taking any medications as of 3/31/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADLs (Activities of Daily Living), adverse side effects, and aberrant drug-seeking behavior. In this case, it appears patient was on Percocet in the past and the treater is re-prescribing this medication along with Soma, Restoril, and Ibuprofen in same request. There is no documentation or discussion regarding how Percocet was effective in the past to re-try the medication and why it needs to be tried again. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request of Percocet 10/325mg is not medically necessary and appropriate.