

<b>Case Number:</b>	CM14-0094244		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/10/1993
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Nevada. 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 records presented for review indicate that this 51-year-old gentleman was reportedly injured on December 10, 1993. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lumbar lumbar spine and the sacroiliac joint on the left side. There was a positive left-sided straight leg raise test at 25. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar fusion surgery and the use of an intrathecal pain pump. A request had been made for Percocet 10/325 and Norco 10/325 and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10-325MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

**Decision rationale:** Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The

California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. It is additionally unclear why there is a request for both Percocet and Norco. As such, this request for Percocet is not medically necessary.