

<b>Case Number:</b>	CM14-0137817		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Family Practice 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:

69 year old male claimant sustained a work injury on 8/23/07 involving the low back. He was diagnosed with lumbar radiculopathy, sacroiliac joint arthropathy, cervicogenic headaches, depression and sleep disturbance. He had been on opioids including Percocet and Tramadol since at least September 2013 along with muscle relaxants and NSAIDs. He had received sacroiliac joint injections. A progress note on 7/11/14 indicated the claimant had paraspinal muscle spasms, facet tenderness, and decreased range of motion of the lumbar spine. His pain remained a 6-7/10. He was continued on Percocet 10 mg 1-2 tablets every 4-6 hours along with Norco, Tramadol and Flexeril. His pain level and function had been similar to a visit in September 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180:** 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): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long term-use has not been supported by any trials. In this case, the claimant has been on Percocet for over a year with no improvement in pain scale. It had been used with 2 other opioids. The continued use of Percocet is not medically necessary.