

<b>Case Number:</b>	CM14-0190566		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal Medicine, has a subspecialty in Hospice Palatable Medicine, and is licensed to practice in Pennsylvania. 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 40-year-old gentleman with a date of injury of 11/23/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 01/22/2014 and operative records dated 01/29/2014 indicated the worker was experiencing lower back pain and leg weakness. No clinical records dated after the worker's surgery were submitted for review. These records concluded that the worker was suffering from a lower back disk bulge and neuritis. A MRI of the lumbar spine imaging report dated 8/12/2014 showed evidence of prior surgery, a 4mm lateral bulge in the annulus, and 3-4 mm retrolisthesis. Treatment recommendations included oral medications and surgery. A Utilization Review decision was rendered on 10/17/2014 recommending partial certification for fifty-eight tablets of Percocet (oxycodone with acetaminophen) 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-95,124..

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a combination of an opioid medication with another pain reliever. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation concluded that the worker was suffering from a lower back disk bulge and neuritis. Treatment recommendations included medication and surgery. No recent clinical records were submitted for review. There was no discussion demonstrating recent benefit from this medication or supporting its continued use after the surgery. In the absence of such evidence, the current request for 120 tablets of Percocet (oxycodone with acetaminophen) 10/325mg is not medically necessary.