

<b>Case Number:</b>	CM14-0207752		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/10/1995
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 55-year-old male who reported injuries of unspecified mechanism on 07/10/1995. On 12/10/2014, his diagnoses included lumbar or lumbosacral disc degeneration, lumbago, and neuralgia, neuritis and radiculitis, not otherwise specified. His complaints included lower back pain with radiation into the left leg. He reported the pain as being constant, but the level fluctuated depending upon his activity. He further reported that his medications continued to reduce his pain level with minimal side effects, and had provided him with improved functional abilities both in and outside of his home, with increased endurance and tolerance. He further reported that with his reduced pain, he was less emotionally labile. He rated his pain 4/10 with medications and 7/10 without. His medications included amitriptyline 25 mg, Naproxen 550 mg, Lyrica 75 mg and Percocet 7.5/325 mg. There was no rationale for the increased dosage of Percocet. A Request for Authorization, dated 12/11/2014, was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325mg one 8hrs as needed #90:** 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): 74-95.

**Decision rationale:** The request for Percocet 10-325mg one 8hrs as needed #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include the current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. The submitted documentation did not objectively evaluate the Percocet, per se, regarding side effects, quantified efficacy or improved quality of life. The documentation did attest to the fact that his medication regimen was able to provide him relief and allow to him to increase his functional abilities. There was no rationale provided for the increased dosage of Percocet, considering that the previous dosage provided him with the desired therapeutic beneficial effects. Additionally, the frequency in the request was not in the proper format. Therefore, this request for Percocet 10-325mg one 8hrs as needed #90 is not medically necessary.