

<b>Case Number:</b>	CM14-0209201		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/01/2000
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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:

This is a 78-year-old male claimant sustained a work injury on December 1, 2000 involving the back. He was diagnosed with lumbar disc disease and sciatica. Previous epidural steroid injections provided him a few weeks of relief. The claimant had been on Percocet and Duragesic patches for several years, which satisfied his pain relief. A progress note on September 19, 2014 indicated he had 7/10 pain with medications. He was unable to attend the aqua therapy due to bowel incontinence. He was unable to take Methadone due to cardiac issues. Prior use of Morphine, Vicodin and Tylenol did not help his chronic pain. Prior use of Motrin did not benefit his low back. Exam findings were notable for bilateral positive facet loading and straight leg raise testing. The claimant remained on Percocet and Duragesic patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, it is not indicated as 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 basis for short-term use. Long Term-use has not been supported by any trials. In this case, the injured worker had been on Percocet for years along with Duragesic. The injured worker has 30% pain relief while on this combination. There is no mention of pain response with or without Percocet while the injured worker is on Duragesic. Therefore, this request is not medically necessary.