

<b>Case Number:</b>	CM15-0004048		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 38 year old female, who sustained an industrial injury on May 29, 2014. She has reported strained lumbar spine after wresting with an assailant. The diagnoses have included strain lumbar spine, radiculopathy lumbar and herniated disc L4-5 and L5-S1. Treatment to date has included pain medication, TENS unit, chiropractic care, trial spinal cord stimulator. Currently, the injured worker complains of lumbar pain that is aggravated by sitting and notes chiropractic treatments have improved her symptoms. On December 23, 2014 Utilization Review non-certified a Percocet 10/325mg, noting, the Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. On December 16, 2014, the injured worker submitted an application for IMR for review of Spinal cord stimulator placement, and Percocet 10/325mg quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-79.

**Decision rationale:** The request is not medically necessary. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet Urine drug screen result were not available in the chart. There are no drug contracts included in the chart or long-term goals for treatment. Weaning was recommended previously. The 4 A's of ongoing monitoring were not adequately documented. There was no evidence of objective functional gains. There was also concern that the patient was becoming addicted to Percocet as per the chart. Therefore, the request is considered not medically necessary.