

<b>Case Number:</b>	CM15-0009276		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who reported an injury on 04/24/2008. The documentation of 12/29/2014 revealed the injured worker had complaints of mid and low back pain radiating down her left leg all the way down to her foot. The injured worker indicated when taking the medication, her pain level drops from an 8/10 to 10/10 to a 5/10. The injured worker was noted to be utilizing gabapentin 100 mg 1 three times a day and Percocet 10/325 mg. The injured worker had approximately 60% pain relief. The injured worker indicated with the use of the medications, she was able to clean house, garden, and walk about approximately 2 per a week. The physical examination revealed mild palpable spasms in the bilateral lumbar musculature with positive twitch response. The injured worker had a positive straight leg raise on the left. The injured worker underwent an MRI of the lumbar spine. The diagnoses included lumbar sprain and strain, lumbar/lumbosacral disc degeneration, and lumbar disc displacement. The treatment plan included a continuation of Percocet 10/325 by mouth 3 times a day as needed breakthrough pain #63. The documentation indicated the injured worker had a signed narcotic agreement on file and did not exhibit aberrant drug seeking behavior and the urine drug screens were consistent. Prior therapies included physical therapy and a TENS unit. There was a Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Percocet 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. The medication would be appropriate. However, there was a lack of documented frequency for the requested medication. Therefore, the request for prescription of Percocet 10/325 mg #90 is not medically necessary.