

<b>Case Number:</b>	CM15-0162884		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, California

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:

This is a 53-year-old male patient, who sustained an industrial injury on September 8, 2012. The diagnoses include chronic low back pain, status post lumbar discectomy on November 13, 2013 and status post Botox injections on June 5, 2015, with worsening symptoms. Per the doctor's note dated 8/3/15, he had complaints of low back pain with radiation down the left lower extremity. It was noted he tried acupuncture however stopped after 3 sessions secondary to increased pain. He requested increasing Norco from 1 tablet to 2 tablets daily to get through the work day. It was noted he would like to increase his work week to 40 hours per week. Per the note dated 8/11/15, physical examination revealed increased tenderness to the lumbar paraspinal muscles with active spasm and decreased range of motion in all plane. The medications list includes Norco, Percocet, Motrin, Tizanidine and Gabapentin. He has undergone lumbar discectomy at L4-5 on 11/11/2013; Botox injections on June 5, 2015. He has had lumbar spine MRI on 2/16/2015 which revealed disc desiccation at L5-S1 with annular tear and posterior disc protrusion, moderate spinal stenosis at L4-5. Treatment to date has included acupuncture, physical therapy, medications and work restrictions. Percocet 10-325mg QHS #30 was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325mg QHS #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

**Decision rationale:** Q-- Percocet 10-325mg QHS #30. Percocet contains Oxycodone and acetaminophen. Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited below, Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. In addition according to the cited guidelines Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Patient had chronic low back pain. He has objective findings on the physical examination-increased tenderness to the lumbar paraspinal muscles with active spasm and decreased range of motion in all planes. He had a lumbar spine MRI with abnormal findings. He has undergone lumbar discectomy on November 13, 2013. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The medication has been prescribed in a small quantity without refills. Therefore, based on the clinical information obtained for this review the request for Percocet 10-325mg QHS #30 is deemed medically appropriate and necessary for this patient at this time for prn use.