

<b>Case Number:</b>	CM15-0164580		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained an industrial injury on 8-7-2008. He reported a low back injury from a five-foot fall. Diagnoses include chronic radiculopathy, post laminectomy syndrome, and depression, status post lumbar fusion and removal of hardware. Treatments to date include activity modification, back brace, medication therapy, physical therapy, acupuncture treatments, H-Wave therapy, psychotherapy, and TENS unit, and epidural steroid injections. Currently, he complained of ongoing low back pain. Percocet was noted to be able to be decreased from four times daily to three times daily status post epidural steroid injection. The medication was noted to decreased pain and increased function. On 7-24-15, the physical examination documented tenderness and decreased range of motion in the lumbar spine. The plan of care included a prescription for Percocet 10-325mg #100 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #100 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2008 as the result of a fall. He continues to be treated for chronic back pain including with a diagnosis of post laminectomy syndrome. Medications are referenced as decreasing pain from 10/10 to 5-7/10 and allowing for exercise in a gym, household chores, and improved sleep. When seen, there had been improvement after an epidural injection and he had been able to decrease his Percocet dose. Physical examination findings included decreased and painful lumbar spine range of motion and tenderness over the surgical scars. There was decreased right lower extremity sensation and right calf atrophy was present. Percocet was refilled. The total MED (morphine equivalent dose) was less than 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved ability to exercise and improved sleep. The total MED is less than 120 mg per day consistent with guideline recommendations and the dose is being appropriately titrated. Continued prescribing was medically necessary.