

<b>Case Number:</b>	CM15-0168225		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/03/2003
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 2-3-03. He reported pain in the head, neck, upper back, and lower back. The injured worker was diagnosed as having post laminectomy syndrome. Treatment to date has included L4-5 bilateral laminectomy with facetectomy with instrumentation and fusion at L4-5, physical therapy, and medication. The injured worker had been taking Percocet since at least December 2014. The treating physician noted a urine drug screen obtained on 4-28-15 "was within normal limits, as they all are, he has no signs of illicit drug abuse, diversion, habituation, and is on the lowest effective dosing with about 90% improvement in pain." Currently, the injured worker complains of cervical pain, right arm pain, back pain, and headaches. Back pain was rated as 7 of 10. The treating physician requested authorization for Percocet 10-325mg #120. On 8-4-15 the request was modified to Percocet 10-325mg #120 for the purpose of a trial to taper to a lower dose or to cessation. The utilization review physician noted this request is "after approximately 3 month process of weaning total opioids to current level and was previously on Fentanyl, therefore the request is modified."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 74 - 95, 124.

**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 claimant had been on Percocet for several months along with NSAIDs. There was no mention of Tylenol, Tricyclic or weaning failure. Pain reduction score with its use was not noted in the recent progress notes. The continued and chronic use of Percocet is not medically necessary.