

<b>Case Number:</b>	CM15-0187349		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/16/1991
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Pennsylvania, Ohio, 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:

This is a 55 year old male with a date of injury of August 16, 1991. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylolisthesis, degenerative lumbar disc disease, lower back pain, failed back, and lumbar post laminectomy syndrome. Medical records dated April 14, 2015 indicate that the injured worker complains of back pain and stiffness, numbness in the bilateral legs, and radicular pain and weakness in the bilateral legs. Records also indicate pain is rated at a level of 1 to 2 out of 10. A progress note dated May 12, 2015 notes subjective complaints similar to those reported on April 14, 2015. The physical exam dated April 14, 2015 reveals full muscle strength for all groups tested, positive straight leg raise test, exacerbated Lasegue's maneuver bilaterally, reproduction of neuropathic dysesthesias in the lower extremities, positive pelvic thrust, positive stork maneuver, positive Patrick and Faber exam, and pain with rotation and extension of the lumbosacral spine with marked range of motion restriction. The progress note dated May 12, 2015 documented a physical examination that showed no changes since the examination performed on April 14, 2015. Treatment has included back surgery and medications (Gabapentin 300mg, Ibuprofen 800mg, Methadone 10mg, Nortriptyline 25mg, OxyContin 80mg, and Prilosec 20mg since at least March of 2015). The treating physician indicates that the urine drug testing result dated January 20, 2015 was "Within normal limits for his medications". The original utilization review (September 11, 2015) non-certified a request for Percocet 10-325mg #180.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #180:** Upheld

**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, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.