

<b>Case Number:</b>	CM15-0197140		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Emergency Medicine

### 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 47 year old female who sustained an industrial injury on 05-09-2001. According to a progress report dated 03-04-2015, the injured worker returned 9 ½ month after her revision sacroiliac joint fusion. She reported that the pain remained better than before the surgery. She reported midline low back pain with occasional right and sometimes left. She reported numbness and tingling in the lateral thigh intermittently. She had constant numbness in her left medial lower extremity. She was taking Percocet every bedtime and Tylenol during the day. Urine toxicology was performed on 03-04-2015 and was negative for Percocet. Treatment to date had included multiple spine surgeries. The lumbar spine was restricted in all planes with increased pain. Muscle guarding was noted. Assessments included low back pain, lumbar postlaminectomy syndrome, lumbar lumbosacral disc degeneration, sacroiliitis and sacroiliac syndrome. According to a progress report dated 07-07-2015, the injured worker still had constant pain and weakness of the left lower extremity. She reported pain was worse with sitting and standing. This had affected her activities of daily living, work and ambulation and had caused depression and anxiety. Pain was rated 7 on a scale of 1-10. Current medications included Lyrica, Percocet and Naproxen. According to a progress report dated 08-04-2015, subjective complaints and pain level was unchanged from 07-07-2015. Current medications included Lyrica, Percocet and Naproxen. The treatment plan included Lyrica and Percocet 10-325 mg three times a day for 30 days. Documentation shows use of Percocet dating back to 01-12-2015. On 10-01-2015, Utilization Review modified the request for Percocet 10-325 mg #60 and authorized the request for Lyrica, Naprosyn and a follow up with pain management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #60:** 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 for chronic pain.

**Decision rationale:** The requested Percocet 10/325mg, #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant pain and weakness of the left lower extremity. She reported pain was worse with sitting and standing. This had affected her activities of daily living, work and ambulation and had caused depression and anxiety. Pain was rated 7 on a scale of 1-10. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg, #60 is not medically necessary.