

<b>Case Number:</b>	CM15-0201378		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, North Carolina 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 56 year old male with an industrial injury dated 01-31-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain with referral down both legs, with 2007 Magnetic Resonance Imaging (MRI) evidence of a large L5-S1 central disk protrusion with lateral recess stenosis, more along the right side, stable. In a progress report dated 05-12-2015, the injured worker reported difficulty getting his medication authorized. His last refills of his medications were at the end of February. The injured worker reported having to go "cold turkey" for three weeks with increase in lower extremity pain, dizziness, shakes, shivers and diarrhea. He increased Motrin and Voltaren gel to compensate for symptoms. Documentation noted that the injured worker was able to get his Cymbalta and Percocet authorized and filled Percocet on 5-2-2015. The injured worker reported that his pain has gone from a 7-8 out of 10 and decreased to a 4 out of 10 with pain medication. Physical exam (04-14-2015, 05-12-2015) revealed pain across the low back of a mild grade, moderate and severe restrictions of lumbar flexion and severe restrictions. According to the progress note dated 09-01-2015, the injured worker reported low back pain and leg pain. The injured worker reported that in general he is without change. Pain level was not documented in report. Current Medications include Percocet, Valium, Cymbalta, and Voltaren. Objective findings (09-01-2015) revealed tenderness to palpitation across the lower back, slightly more to the right side. There was severe lumbar extension and mild restriction of lumbar flexion. Treatment has included diagnostic studies, prescribed medications, home exercise program, and periodic follow up visits. The treatment plan included continuation of home exercise and weight

loss, medication management, review of urine drug screen results and follow up visit. The treating physician prescribed Percocet 5-325 take 1-2 tabs every 4-6 hours QTY: 120. Urine drug screen report was not included for review. Medical records indicate that the injured worker has been consistently on Percocet since at least May of 2015. A review of medical documentation indicates use of pain medication without significant evidence of functional improvement or significant decrease in pain. The utilization review dated 10-01-2015, denied the request for Percocet 5-325 take 1-2 tabs every 4-6 hours QTY: 120.

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

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

**Percocet 5/325 take 1-2 tabs every 4-6 hours QTY: 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In this patient, the date of injury was in 2007. An MRI showed a large S1-L5 central disc protrusion with lateral recess stenosis. The patient was unable to obtain refills of his medications in May, 2015, and states he was off medications for about 3 weeks. Since restarting medications he states his pain has decreased from a 7-8/10 to a 4/10. However a pain management note on 9/1/2015 describes, "in general he is without change." While there is evidence the patient is receiving pain relief from his medications, there is no evidence that he has experienced any functional benefit or return to work, which are both recommended for continuous long-term opioid use according to MTUS Guidelines. Therefore the request is not medically necessary or appropriate.