

<b>Case Number:</b>	CM15-0201549		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<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 36 year old male, who sustained an industrial injury on 05-29-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar strain, left lower extremity radiating pain, left hip pain, cervical strain or sprain, bilateral shoulder strain or sprain, left knee strain or sprain, and left ankle strain or sprain. Medical records ( to 09-16-2015) indicate ongoing neck, left shoulder, low back and left hip and knee pain. Pain levels were rated 7-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW could returned to work with restrictions. The physical exam, dated 09-16-2015, revealed tenderness to palpation over the lumbar spine, limited flexion of the lumbar spine with severe pain, limited bilateral rotation of the lumbar spine, a positive Patrick's sign in the left hip with severely decreased range of motion, and an antalgic gait. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (Percocet since 07-2015). Percocet was reported to relieve pain a little bit, but not much. A urine drug screen (05-27-2015) was noted to be positive for hydromorphone which was not prescribed to the IW. The request for authorization (09-16-2015) shows that the following medication was requested: Percocet 10-325mg #120. The original utilization review (09-28-2015) non-certified the request for Percocet 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Tabs Percocet 10/325 MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** This patient complains of chronic low back pain with radiation to left hip and lower extremity, neck, left shoulder and knee pain. Patient is not currently working. The request is for continuation of Percocet, which was initially prescribed 07/2015. It is noted, however that the patient may also be taking Norco. In any case, no objective functional improvement has been documented for either opioid as required by guidelines. If Percocet is being added to Norco, no rationale for two opioids is given. In addition, a urine drug screen performed 5/27/2015 was positive for hydromorphone (Dilaudid) which according to the records is not being prescribed. Thus for the reasons above, the request is not medically necessary or appropriate.