

<b>Case Number:</b>	CM15-0026759		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Texas, 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:

This 52 year old female sustained a work related injury on 04/01/2014. According to a progress report dated 11/07/2014, the injured worker continued to have lower back pain which radiated into the buttocks and down the left thigh and was rated 6-8 on a scale of 1-10 without medications and was reduced to 4-6 with medications. Diagnoses included left leg radiculopathy, grade I lytic spondylolisthesis L5 on S1 and severe foraminal stenosis L5-S1. According to a progress report dated 01/29/2015, the injured worker continued to complain of low back pain radiating into the upper buttocks around the hips/groin and down the bilateral thighs and was rated 7 on a scale of 1-10 without medications and a 6 with medications. She continued to have numbness on the bottom of the feet. Current medications included Percocet and Motrin; she was temporarily totally disabled until 03/12/2015. According to the Utilization Review physician, the progress report dated 01/29/2015 showed limited objective evidence of improvement in pain or function. A prescription of Percocet was already authorized for weaning. Patient has received an unspecified number of chiropractic and acupuncture visits for this injury. The patient has used a TENS unit and she has had a urine drug toxicology report on 9/26/14 that was consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg #90 is not established for this patient.