

<b>Case Number:</b>	CM15-0036923		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/19/2006
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, 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:

The injured worker is a 41 year old male, who sustained an industrial injury on 8/19/06. He has reported low back injury. The diagnoses have included failed back surgery syndrome, bilateral lumbar radiculopathy, peripheral neuropathy, failed spinal cord stimulator trial and heartburn and constipation. Treatment to date has included anterior lumbar fusion, epidural injection, oral medications (Percocet, MS Contin, Lyrica and Ambien), physical therapy and spinal cord stimulator trial. Currently, the injured worker complains of low back pain and bilateral leg pain. On 1/13/15, the injured worker stated the pain levels were severe without medication, which took the edge off. On physical exam mild lumbar tenderness is noted on palpation and stiffness was noted with range of motion. On 2/21/15 Utilization Review submitted modified certification for Percocet 10/325mg #180 modified to #120, noting the medication was benefiting the injured worker, however the cumulative opioid dosage was above the recommended maximum dosage. The MTUS, ACOEM Guidelines, was cited. On 2/26/15, the injured worker submitted an application for IMR for review of Percocet 10/325mg #180 modified to #120.

### 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 Treatment Guidelines Percocet (oxycodone & acetaminophen); Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet along with Morphine for several months. The claimant obtained significant pain relief with Morphine, while Percocet was used for breakthrough pain. The combined dose was greater than 120 mg equivalent of morphine. Based on long-term use and combined dose exceeding the recommendations of the guidelines, continued use of Percocet as above is not medically necessary.