

<b>Case Number:</b>	CM15-0038488		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 60-year-old male who reported an injury on 06/21/2009 due to an unspecified mechanism of injury. On 02/03/2015, he returned for a follow-up evaluation reporting no major changes in his back and right leg pain. He continued to have difficulty ambulating and used a cane. He stated that his medications were working well. He stated that overall, his baseline pain was worse on 2 doses of his LAO and methadone versus the 3 per day he was on. His average pain since the last visit, mood since the last visit, and function since the last visit were rated at a 7/10. He also reported poor sleep quality due to pain. His medications included Celebrex 1 capsule twice a day as needed for pain, Colace 1 to 2 capsules 4 times a day as needed, Cymbalta 60 mg capsules 1 capsule once a day as directed, Lyrica 200 mg 1 capsule by mouth 3 times a day, methadone 5 mg 1 tablet by mouth every 12 hours, Percocet 10/325 mg 1 tablet by mouth 3 times a day as needed for pain, Prilosec 20 mg 1 capsule as needed, Prozac 40 mg 1 capsule oral once a day as needed for pain, and Senokot S 8.6/50 mg 1 to 2 tablets 3 times a day as needed. A physical examination showed that he was walking with the use of a cane on the right side and he had a positive Gaenslen's test and painful tender right SI joint region to palpation, as well as a positive compression test. C/W 2 level fusion sequelae was noted and positive SI joint pain was also noted. The treatment plan was for Percocet 10/325 mg #90. The rationale for treatment was to alleviate the injured worker's pain.

### 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 Page(s): 43, 74, 76-78, 80, 82, 86, 90-91,124. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate the injured worker's compliance with the medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, request is not supported. As such, the request is not medically necessary.