

<b>Case Number:</b>	CM15-0044224		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	08/09/1997
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 51 year old female, who sustained an industrial injury on 8/9/1997. The mechanism of injury and initial complaint was not provided for review. The injured worker was diagnosed as having a lumbar sprain/strain, lumbar degenerative disc disease and post lumbar laminectomy syndrome. Treatment to date has included lumbar laminectomy and fusion with hardware removal, physical therapy, epidural steroid injections and medication management. Currently, a progress note from the treating provider dated 1/20/2015 indicates the injured worker reported low back pain that radiated down to the toes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Opioids Criteria for Use, Weaning of Medications.

**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 1st 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 an NSAID with only 20% improvement in pain. The claimant was getting 30% relief the month prior. Long-term use of opioids can lead to tolerance. Pain relief attributed to Percocet cannot be determined. In addition, there was no mention of weaning Percocet or Tylenol failure. The continued use of Percocet is not medically necessary.