

<b>Case Number:</b>	CM15-0046027		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/28/2002
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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:

This 57 year old man sustained an industrial injury on 2/28/2002. The mechanism of injury is not detailed. Diagnoses include lumbar post-laminectomy syndrome, lumbar stenosis, spondylo-  
listhesis, and scoliosis. Treatment has included oral medications, bracing, and recent surgical  
intervention on 1/20/2015. Physician notes dated 2/11/2015 show post-operative pain to the right  
leg and low back rated 8/10 without medications and 3/10 with medications. There are also  
complaints of numbness to the bottoms of the bilateral feet. Recommendations include continue to  
wear the brace and refill Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back  
Complaints Page(s): 308, table 12-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria  
for use of opioids Page(s): 76-78, 88 and 89.

**Decision rationale:** This patient has a date of injury of 02/08/00 and is status post lumbar surgery from January 2015. The current request is for Percocet 7.5mg/325mg, ninety. Request for Authorization is dated 02/17/15. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 as, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. It is unclear when this patient was first prescribed this medication; however it is clear the patient was using Percocet prior to 02/11/15, as this report states will provide him with a refill of pain medication, Percocet. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing Percocet. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary.