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| <b>Case Number:</b>   | CM15-0049751 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 09/05/2012 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2015 |

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 male, who sustained an industrial injury on September 5, 2012. The injured worker was diagnosed as having laminectomy, discectomy and lumbar fusion. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), multiple surgeries and medication. A progress note dated January 13, 2015 provides the injured worker complains of low back pain radiating down both legs. Physical exam notes the injured worker appears uncomfortable. He has decreased range of motion (ROM) and ambulates with a cane. The plan includes medication, home exercise, walking and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 47 year old male with an injury on 09/05/2012. He has chronic back pain and had a lumbar laminectomy with fusion. He ambulates with a cane. MTUS, Chronic Pain guidelines for on-going treatment with opiates require documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria. Percocet is not medically necessary for this patient.