

<b>Case Number:</b>	CM15-0050492		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female, who sustained an industrial injury on April 1, 2014. She has reported lower back pain and bilateral leg pain. Diagnoses have included chronic pain, left leg radiculopathy, left adductor tendonitis, spondylolisthesis, and severe foraminal stenosis. Treatment to date has included medications, chiropractic care, nerve root block, and imaging studies. A progress note dated February 27, 2015 indicates a chief complaint of lower back pain radiating to the upper buttocks and bilateral thighs, and numbness of the bottoms of the feet. The treating physician documented a plan of care that included proceeding with acupuncture, medications, monitoring of liver function, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating low back pain. The treating provider documents a decrease in pain from 9/10 to 8.5/10 with the prescribed medications. Percocet is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.