

<b>Case Number:</b>	CM15-0056092		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/28/2004
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 66 year old female, who sustained an industrial injury on 4/28/2004. She reported a low back injury while attempting to lift a patient. Diagnoses have included chronic pain due to trauma, post laminectomy syndrome of the lumbar region, intervertebral disc disorder of the lumbar region with myelopathy and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included lumbar fusion and medication. According to the progress report dated 2/6/2015, the injured worker complained of back pain. The pain was located in the lower back, gluteal area, legs and thighs. Pain radiated to the left ankle, left calf, left foot and left thigh. Exam of the back/spine revealed decreased mobility and posterior tenderness. Gait was antalgic. Medications were refilled. Authorization was requested for Percocet and Oxycontin. The claimant's pain average while on the medications was 7/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): (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 for several months in combination with Oxycontin. The combined dose of both medications exceed the 120 mg of Morphine recommended daily. There was minimal change in pain scale and had been stable for months. Long-term use of opioids can lead to tolerance. The continued use of Percocet is not medically necessary.

**Oxycontin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): (s) 82-92.

**Decision rationale:** According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. They are 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 for several months in combination with Oxycontin. The combined dose of both medications exceed the 120 mg of Morphine recommended daily. There was minimal change in pain scale and had been stable for months. Long-term use of opioids can lead to tolerance. The continued use of Oxycontin is not medically necessary.