

<b>Case Number:</b>	CM15-0056578		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/01/1999
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 46 year old male, who sustained an industrial injury on 03/17/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar degenerative disc disease, lumbar spine stenosis, lumbar radiculopathy, and lumbar facet arthropathy. Treatment to date has included medication regimen. In a progress note dated 02/09/2015 the treating physician reports complaints of low back pain with radiculopathy to the bilateral lower extremities with pain and weakness. The injured worker rates the pain a ten out of ten without medication and a six out of ten with medication. The treating physician requested Percocet 10/325mg tables with a quantity of 180 and no refills for use as needed for pain with the treating physician noting that the prescribed medications were allowing the injured worker to increase mobility and tolerate activities of daily living and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg unspecified amount:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 46 year old male has complained of low back pain since date of injury 3/17/10. He has been treated with physical therapy and medications to include opioids since at least 12/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.