

<b>Case Number:</b>	CM15-0059770		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/09/1995
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55 year old male, who sustained an industrial injury on 3/09/1995. He reported chronic low back pain. The injured worker was diagnosed as having chronic low back pain and depression. Treatment to date has included medications. A progress report, dated 3/26/2014, noted that he was upset that his insurance company wanted him to have a urine drug screening and he refused. A progress report, dated 1/30/2014, noted the use of Percocet 10/325mg #120. A discussion was held regarding the possibility of reducing medication but he "felt strongly" against it. Currently, the injured worker complains of low back and neck pain. Current medications included Ativan, Benadryl, Celebrex, Omeprazole, Percocet (10/325mg), Prednisone, and Zoloft. Urine drug screening was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** 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): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 3/09/1995. The medical records provided indicate the diagnosis of chronic low back pain and depression. Treatments have included medications. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records the injured worker has been taking this medication for at least one year with no overall improvement. The injured worker is not properly monitored regarding pain control, adverse effects, activities of daily living and aberrant behavior. Therefore, this request is not medically necessary.