

<b>Case Number:</b>	CM14-0147648		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 35 year old male who reported injury on 04/16/2013. The mechanism of injury was a 6 foot fall. Diagnoses included lumbar disc disease with left lower extremity radiculopathy, and left hip labral tear. The past treatments included acupuncture, physical therapy. Surgical history noted left hip arthroscopy on 04/04/2014. The evaluation note, dated 08/06/2014, noted the injured worker complained of constant low back pain with constant pain to his left buttock down to his calf and weakness and numbness of the left lower limb. The physical exam revealed no muscle spasm or tenderness of the back, lumbar hyperextension 50% of normal, knee and ankle reflexes symmetrical at 2, no fasciculation's atrophy or motor weakness, tenderness to the left trochanter and iliac area, and painful Patrick test. Medications included Percocet 5mg twice a day, and omeprazole. It was noted, had been prescribed Percocet since as early as 02/06/2014, the injured worker had itching related to medication use. The treatment plan requested analgesic medication, physical therapy, and injections for his back. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Percocet 5-325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The injured worker had unmeasured low back pain, radiating down to his left calf, and tenderness to the left hip, status post left hip arthroscopy on 04/04/2014, and had been prescribed Percocet since as early as February 2014. The California MTUS guidelines recommend opioids as second-line treatment of moderate to moderately severe pain, and for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed. Given the lack of documentation of the severity of pain, improvement of pain, or functional improvement with the medication, and the lack of assessment of aberrant behavior, the continued use of Percocet is not supported at this time. Furthermore, the intended frequency was not included to determine medical necessity. Therefore, the request is not medically necessary.