

<b>Case Number:</b>	CM14-0159689		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine 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 female who reported an injury on 05/21/2012 and mechanism of injury was a fall. Her diagnoses include lumbar discogenic pain, radiculopathy, lumbar spine and lumbar degenerative disc disease. Her past treatments include medications, lumbar discectomies, and lumbar nerve radiofrequency ablation. On 08/28/2014, the injured worker complained of pain to her bilateral lower back. On physical examination, there was abnormal posture with mild flexion of the low back. She had an awkward gait. She was also note to have moderate tenderness along the bilateral lumbar paraspinals. Her medications included Percocet, Voltaren XR, and Butrans. The injured work reports pain relief with use of the medications. She indicated her worst pain over the past week had been 9/10 for her lower back and when taking her medications it has been 4/10 for the bilateral lower back. She also reported increased function and ability to perform her activities of daily living with use of Percocet. The treatment plan included medication refills. The request received was for Percocet 10/325 mg #120. The rationale for the request was to alleviate her pain and improve her activities of daily living. The Request for Authorization is was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The injured worker complained of pain to her bilateral lower back. Her medications included Percocet, Voltaren XR, and Butrans. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects. The guidelines specify that an adequate pain assessment should include current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. The documentation submitted for review indicates that use of Percocet has helped her significantly with pain relief and increased ability to perform activities of daily living. Her pain was 9/10 without medications and 4/10 with medications. Therefore, adequate pain relief and improved function has been established. There is evidence of consistent results on urine drug screen on 06/06/2014, verifying appropriate medication use. Based on this documentation, continued use of Percocet would be supported by guidelines. However, the request, as submitted, did not specify a frequency of use. As such, the request is not medically necessary.