

<b>Case Number:</b>	CM14-0160682		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 PHysica 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 49-year-old male who sustained an injury on 07/28/09. As per the 10/16/14 report he presented with low back pain and intermittent right lower extremity radicular pain. Pain was rated at 7/10 with medications and 10/10 without. Exam revealed some difficulty with transfers from sitting to standing, decreased ROM for flexion and extension of lumbar spine, and paraspinous muscle tenderness with spasm. MRI of the lumbar spine dated 02/15/12 revealed degenerative disc disease with spinal stenosis at L3-4, L4-5 and L5-S1. He is status post L5-S1 circumferential fusion. He is currently on Oxycodone-Acetaminophen (Percocet) for low back pain and on Trazadone, Pristiq, Cialis, and Clonazepam for his psychiatric complaints. He is also on Norco and oxycodone for his recent nonindustrial motorcycle accident. Previous treatments have included trochanteric bursa injection, TESI, medications; physical therapy and working out at the gym. There were numerous Oxycodone-Acetaminophen denials and modifications in the last few months. The provider still feels that the patient has residual pain from his industrial injury and that the appropriate plan would be oxycodone/APAP 10/325 3 times a day, #90. He is working full time right now indicating an increase in function with use of Oxycodone-Acetaminophen and he has tried over and over again to decrease the oxycodone and taper off of it unsuccessfully. Without 3 pills a day he is not able to get through his working day and this medication is improving not only his pain in his ADLs but also allowing him to pursue his career. Current diagnoses include neuralgia and neuritis and radiculitis unspecified, lumbosacral disc degeneration, lumbar radiculopathy, and post laminectomy syndrome - lumbar. The request for 1 prescription for Oxycodone/Acetaminophen 10/325mg#90 was modified to Oxycodone/Acetaminophen #30 on 9/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Oxycodone/Acetaminophen 10/325mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80-83, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet Page(s): 75, 92, 97.

**Decision rationale:** According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, the IW is noted to have chronic pain due to lumbar degenerative disc disease and radiculopathy. The medical records document that the injured worker is currently working full time, indicating functional improvement with use of Percocet. There is evidence of some improvement in pain level with use of Percocet. There is no documentation of non-compliance or any aberrant behavior. The medical documents do support continuation of opioid pain management and thus the request for Percocet is medically necessary.