

<b>Case Number:</b>	CM14-0088826		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/10/1996
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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:

This 71 year old patient had a date of injury on 7/10/1996. The mechanism of injury was not noted. In a progress noted dated 5/28/2014, subjective findings included Percocet is mildly effective, as the pain is 8/10 with medications and 9/10 without. There are no new problems or side effects, quality of sleep is poor, and activity level remained the same. On a physical exam dated 5/28/2014, objective findings included she has difficulty extending arm at left elbow, wearing intranasal oxygen with tank. Diagnostic impression shows post lumbar laminectomy syndrome, lumbar radiculopathy. Treatment to date: medication therapy, behavioral modification, epidural steroid injection. A UR decision dated 6/9/2014 denied the request for Percocet 10/325 #180, stating that the patient notes that Percocet is only mildly effective, and the MED is 90, while guidelines do not support MED above 50/day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg. QTY: 180.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 5/28/2014, the patient claims that the Percocet is only mildly effective. Furthermore, there were no documented objective functional benefits noted with the opioid regimen from the reports viewed. Therefore, the request for Percocet 10/325#180 is not medically necessary.