

<b>Case Number:</b>	CM14-0090420		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/07/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 7, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medication; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 2, 2014, the claims administrator failed to approve a request for Percocet. The applicant's attorney subsequently appealed. In a July 10, 2014 progress note, the applicant reported persistent complaints of low back and lower extremity pain. The applicant was using oxycodone for severe breakthrough pain. The applicant was using Lyrica for neuropathic pain, Cymbalta for depression, and Motrin for inflammation purpose. The applicant reported a 5/10 pain with medications and 10/10 pain without medications. The applicant stated that she was experiencing improvement in terms of self-care, personal hygiene, dressing, household chores, meal preparation, and grocery shopping with ongoing medication usage. Oxycodone, Lyrica, Cymbalta, and Motrin were prescribed. In an earlier note dated June 9, 2014, the applicant was placed off of work, on total temporary disability. The applicant was having difficulty completing even basic activities of daily living. The applicant had heightened complaints of low back pain radiating to the leg, it was stated. The applicant was asked to continue Percocet, Lyrica, Cymbalta, and Motrin. The applicant's primary treating provider suggested. The applicant was also having issues with urinary stress incontinence, it was further noted. In a note dated May 9, 2014, it was suggested that the applicant was using Percocet, Lyrica, Cymbalta, and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #30:** 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 When to Continue Opioids topic. Opioids, Ongoing Management topic Page(s): 80 78.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain in function. In this case, the attending does not outline why the applicant has received prescriptions for two separate short acting opioids, Percocet and oxycodone, in such close proximity to one and other. It is further noted that page 70 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an applicant should obtain prescriptions from a single practitioner. In this case, it appears that the applicant may be receiving Percocet from one practitioner and oxycodone from another. Finally, the applicant fails to clearly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. One of the applicant's treating providers has reported that the applicant is having difficulty performing even basic activities of daily living such as standing and walking, and is having severe complaints of pain, despite ongoing usage of Percocet. While the applicant's secondary treating provider has reported improvements in function and pain with ongoing medication usage, this appears to be outweighed by the incongruous reporting of the applicant's primary treating provider to the effect that the applicant is not, in fact, improving with ongoing medication consumption as well as owing to the fact that the applicant is, in fact, off of work, on total temporary disability. Therefore, the request is not medically necessary.