

<b>Case Number:</b>	CM14-0099239		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/14/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Pain Management 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 38-year-old female with a date of injury of October 10, 2010 while she was trying to sit down on a chair when she slipped off the edge and fell on her buttock. Since then, her complaints of low back pain which radiated to her legs with numbness and tingling sensation has been persistent. She was diagnosed with (a) lumbar discogenic disease with radiculopathy and (b) chronic low back pain. In a recent progress note dated May 13, 2014 it was indicated that she complained of low back pain which has been present since the accident. It was also stated that she has been managing her pain with Norco and Percocet which she takes at bedtime and when she is not working. On examination of the lumbar spine, straight leg raise test was noted to be positive on the left side at 60 degrees. Lasegue's sign was also present. Sciatic notch tenderness on the left and facet tenderness over the left L3-S1 was also noted. Range of motion of the lumbar spine was limited in all planes due to pain. She was advised to continue with her current medication regimen and she was to follow up in six weeks. This is a review of the requested Percocet 10/325mg for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The requested Percocet (oxycodone/acetaminophen) is classified as a short-acting opioids which is indicated for intermittent or breakthrough pain. In this case, the injured worker is noted to be currently using Norco (hydrocodone/acetaminophen), another short-acting opioid. Also, it is noted that the injured worker used to use Percocet prior to use of Norco. However, documentation does not provide any information indicating any improvement in pain levels, increase in functional activities with prior use of Percocet. Absent in the documentations provided are the use of a drug screening regarding issues of abuse, addiction or poor pain control, documentation of misuse of medications, and indication of improved quality of life. Based on these findings, the requested Percocet 10/325mg is not medically necessary.