

<b>Case Number:</b>	CM15-0102302		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 54 year old male who sustained an industrial injury on 1/8/08. The injured worker was diagnosed as having chronic low back pain, sciatica, left side lumbar radiculopathy and left side degenerative disc disease. Currently, the injured worker was with complaints of back pain. Previous treatments included status post lumbar discectomy, injections, medication management, use of a single point cane, and transcutaneous electrical nerve stimulation unit. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS recommends opioids for chronic neuropathic pain that has not responded to first-line agents such as antidepressants and anticonvulsants. In chronic back pain opioids appear to be efficacious for short-term pain relief, but there are no trials for long-term pain relief. In this case, there is no evidence of failure of first-line agents. In addition, the patient is being treated on a long-term basis which is not recommended. The current prescription is for #120 Norco 10/325 and the previous was for #150. In addition, the patient is receiving Percocet for "break-through" pain. The use of two opioids concurrently is not recommended and increases the possibility of adverse reactions. This request is thus deemed not medically necessary.

**Percocet 10/325 MG #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS states that opioids may be considered for neuropathic pain after first-line agents such as antidepressants and anticonvulsants have failed. In this case, the request for Percocet for break-through pain is a patient taking 40 mg of Norco/day is not recommended. Opioid for chronic back pain are indicated for short-term use only, and this patient is being maintained on long-term opioids. Further, his failure to respond to Norco, requiring the addition of percocet suggests that the patient should be reassessed with consideration of alternative therapy. Therefore, the request for Percocet 10/325 MG #20 is not medically necessary.