

<b>Case Number:</b>	CM15-0106992		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Arizona, California  
 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 50 year old female, who sustained an industrial injury on May 6, 2013. She reported injuring her lumbar spine while assisting with patients. The injured worker was diagnosed as having low back pain, lumbar spinal stenosis left L3-L4 and bilateral L4-L5, lumbar radiculopathy, herniated nucleus pulposus (HNP) of the lumbar spine, and lumbar spondylolisthesis. Treatment to date has included MRI, x-rays, lumbar laminectomy, physical therapy, aqua therapy, and medication. Currently, the injured worker complains of increasing right leg pain and weakness, low back pain, increasing persistent lumbar spine pain and throbbing, associated with pain radiating down the bilateral legs, left foot numbness, urinary incontinence, poor walking endurance, and difficulty sleeping. The Treating Physician's report dated May 19, 2015, noted the injured worker reported recently falling due to increasing right leg pain and weakness, with low back pain and clicking increased. The injured worker's medications were noted to include Percocet, Norco, Valium, Ondansetron, Diazepam, and Zofran. The injured worker was noted to ambulate with walking sticks. The treatment plan was noted to include recommendation to proceed with spine surgery consisting of a lumbar decompression, total facetectomy and fusion with pedicle screws at L3-L4 and L4-L5, and a prescription for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months and was not provided the addition of Percocet. There was no indication for combining both medications or their long-term use. Combined dosage exceeded the 120 mg morphine equivalent recommended by the guidelines. The continued use of Percocet is not medically necessary.