

<b>Case Number:</b>	CM15-0016621		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old male who reported an injury on 07/31/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar sprain, unspecified site of sprain and strain, and Achilles bursitis or tendinitis. The injured worker presented on 01/06/2015 for a followup evaluation. The injured worker reported mid relief with physical therapy and chiropractic treatment. The injured worker reported worsening left lateral hip pain and lateral Achilles tendon pain. It was noted that the injured worker had a trial of Norco and had been taking half a tablet twice per day and 1 full tablet at night which provided 20% relief; however, caused dizziness and sedation. The injured worker was able to work with the symptoms but felt that he could not drive when taking the medication. The injured worker also utilized Voltaren gel up to 4 times per day and has failed oral NSAIDs and Tylenol. There was no physical examination provided on that date. Recommendations included a trial of Percocet 5/325 mg, half a tablet every 4 hours. The provider indicated that the medication would be used sparingly to help allow for increased activity and physical therapy exercises. A Request for Authorization form was then submitted on 01/06/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was documentation of a failure of oral NSAIDs and Tylenol as well as Norco. However, there was no documentation of a written contract or agreement for chronic use of an opioid. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.