

<b>Case Number:</b>	CM15-0016747		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: 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 30 year old male, who sustained an industrial injury on 07/05/2011. The diagnoses have included lumbar disc degenerative, lumbosacral spondylosis, and sciatica. Treatments to date have included physical therapy, home exercise program, epidural steroid injection, and medications. Diagnostics to date have included MRI of thoracic spine on 10/24/2013 showed multiple levels of disc protrusions from T5-6 to T9-10 and MRI of lumbar spine on 07/06/2012 showed mild to moderate sized right lateralizing disc protrusion causing mild central spinal canal and moderate right lateral recess stenosis, unchanged since prior study. In a progress note dated 12/19/2014, the injured worker presented with complaints of chronic low back pain. The treating physician reported the injured worker's pain improved with frequent position changes, rest, ice, heat, and medications. Utilization Review determination on 12/31/2014 non-certified the request for Percocet 10-325mg tablet, 1 three times per day as needed for pain, #90 (prescribed 12/19/2014) citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. A letter of appeal is submitted dated 1/5/15 at which time it is noted that the injured worker has failed interventional pain management procedures and multiple medications. He is using Percocet 10/325 mg 1-3 per day intermittently and it is allowing him to perform his activities of daily living. It is also noted that the injured worker has been approved for functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325 MG 1 Tablet 3 Times Per Day As Needed for Pain #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, opioids may be continued if there has been improvement in pain and function. In this case, the injured worker is followed for chronic pain and has failed interventional pain management procedure. He is not a surgical candidate and has failed multiple medications. There is no evidence of abuse or diversion, and the injured worker is able to perform in activities of daily living with the current intermittent use of Percocet. It is also noted that the injured worker has been approved and is awaiting an initial evaluation of functional restoration program. As such, the request for Percocet is supported to address the injured worker's chronic pain and allow him to perform his activities of daily living. The request for Percocet 10/325 mg 1 tablet 3 times per day as needed for pain #90 is medically necessary.