

<b>Case Number:</b>	CM15-0120597		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

This 67 year old male sustained an industrial injury to the low back 4/25/00. Previous treatment included surgery, physical therapy, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. In the most recent PR-2 submitted for review, dated 4/20/15, the injured worker injured worker complained of low back and bilateral leg pain described as aching, tingling, burning and numbness. The injured worker rated his pain 10/10 on the visual analog scale without medications and 5/10 with medications. Physical exam was remarkable for lumbar spine with decreased range of motion, positive right Patrick and left Reverse Thomas tests, 5/5 lower extremity strength bilaterally with intact sensation and reflexes throughout and tenderness to palpation over the lumbar facet joints. The physician noted that electromyography was normal. Current diagnoses included lumbar radiculopathy, cervical spine spondylosis, lumbar spine spondylosis and long term use of medications. The physician noted that Norco was making the injured worker sick. The physician recommended a trial of Percocet. The treatment plan included stopping Norco and trialing Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 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): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck and low back pain. The medical diagnoses include failed back syndrome, cervical spondylosis, and lumbar radiculopathy. The patient's medications include trazodone, Lyrica, and acetaminophen with hydrocodone (an opioid). This relates back to an industrial injury dated 04/25/2000. This review addresses a request for Percocet 5/325 mg #120. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. This patient's treatment for chronic pain goes back 15 years. The documentation does not make clear what opioids have been tried and failed. The documentation fails to document any quantitative assessment of return to function while taking the current medications, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Percocet is not medically necessary.