

<b>Case Number:</b>	CM15-0121598		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/22/1987
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Indiana, Michigan, 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 64-year-old female involved in a work related injury on January 22, 1987. Diagnoses include chronic neck and low back pain, lumbar radiculopathy and bipolar disorder. Imaging was performed on September 18, 2008 with MRI of the lumbar spine, which revealed prior laminectomies, spondylolisthesis and moderate central canal stenosis. Treatment has included medications and records review indicated a lumbar posterior fusion was performed though no specific date was apparent. Request is for Percocet 10/325 mg, quantity 20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Opioids for chronic pain Page(s): 79, 80, 81, 88.

**Decision rationale:** MTUS guidelines address the chronic use of opioids and when discontinuation and continuation is suitable. Guidelines assert that if there is no overall

improvement in function and decrease in pain then discontinuation of the opioid is appropriate. MTUS guidelines also note that there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Records review reveals the injured worker reported analgesia and increase in activities of daily living from opioid use but no documentation was found to indicate pain and functional improvement from baseline. Therefore, the use of Percocet 10/325 mg, quantity 20 is not medically necessary and appropriate.