

<b>Case Number:</b>	CM15-0122226		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 38 year old male, who sustained an industrial injury on 12/19/2008. Diagnoses include lumbar degenerative disc disorder, right arm pain and right leg pain. Treatment to date has included medications including Percocet and Ibuprofen. Magnetic resonance imaging (MRI) of the lumbar spine dated 5/07/2015 was read by the evaluating provider as a large recurrent disc at L4-5 with a right paracentral defect as well as disc bulges at L3-4 and L5-S1. Per the Primary Treating Physician's Progress Report/Request for Authorization dated 5/11/2015, the injured worker reported low back pain with pain that goes into the right lower extremity with radiating numbness, tingling and pain. He also reported right arm pain that goes to sleep and is tingling. Physical examination of the lumbar spine revealed ranges of motion 50% of normal. The plan of care included a surgical consultation, and pain and anxiolytic medications and authorization was requested for Percocet 10/325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #150:** Upheld

**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): 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 previously for an unknown length of time. No one opioid is superior to another. There was no mention of Tylenol or Tricyclic failure. The Percocet is not medically necessary.