

<b>Case Number:</b>	CM15-0145888		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 51 year old male, who sustained an industrial injury on August 7, 2008. He reported an injury to his low back, left elbow and right buttock. Treatment to date has included lumbar laminectomy, lumbar epidural steroid injection, TENS unit, home exercise program, physical therapy, acupuncture therapy, H-wave and medications. Currently, the injured worker complains of low back pain and bilateral ankle-foot pain. He reports that his pain and spasticity are constant, aching, and throbbing in nature. He reports that his pain is made worse with lifting, stress, weather changes, cold and lack of sleep. His pain is made better with medications, physical activity and exercise. He rates his pain an average of an 8 on a 10-point scale with medications and an average of 8 on a 10-point scale without medications. On physical examination the injured worker ambulates and performs transfers slowly. He sits in a leaning forward position. He has tenderness to palpation over the lumbar spine and positive bilateral straight leg raise. The diagnoses associated with the request include lumbar post laminectomy syndrome, and lumbar back pain with radiculopathy. The treatment plan includes trigger point injection series and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #100 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Percocet 10/325mg #100 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term Percocet without significant evidence of increased function related to Percocet use therefore the request for continued opioid is not medically necessary.