

<b>Case Number:</b>	CM15-0173000		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	07/20/2001
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Emergency 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:

This 56 year old sustained an industrial injury on 7-20-01. Documentation indicated that the injured worker was receiving treatment for failed lumbar back surgery syndrome, lumbar facet arthropathy, lumbar stenosis and depression. Recent treatment consisted of home exercise, moist heat, stretching and medication management. In a PR-2 dated 3-31-15, the injured worker complained of low back pain rated 4 to 9 out of 10 on the visual analog scale. The injured worker reported being in bed more often due to low back pain and not having medications (Nucynta) due to insurance denial. The injured worker had been using Nucynta for pain management but it had been denied. The treatment plan included starting Percocet. In a PR-2 dated 8-13-15, the injured worker complained of ongoing low back pain rated 4 to 9 out of 10 on the visual analog scale. The injured worker had been given an educational DVD about intrathecal pumps at his last office visit. The injured worker reported that he wished to continue with conservative care via medication management. Physical exam was remarkable for lumbar spine with bilateral sciatic notch tenderness to palpation, spasms to bilateral paraspinal musculature, range of motion: forward flexion 60 degrees, and 25 degrees hyperextension and bilateral lateral bend, "diminished" bilateral lower extremity strength and intact sensation. The injured worker had normal posture and walked with a mildly antalgic gait. The treatment plan included continuing Percocet, continuing home exercise and continuing psychiatric care. On 8-26-15, Utilization Review noncertified a request for Percocet 7.5-325mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5-325mg #120 (X0): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On- Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing low back pain rated 4 to 9 out of 10 on the visual analog scale. The injured worker had been given an educational DVD about intrathecal pumps at his last office visit. The injured worker reported that he wished to continue with conservative care via medication management. Physical exam was remarkable for lumbar spine with bilateral sciatic notch tenderness to palpation, spasms to bilateral paraspinal musculature, range of motion: forward flexion 60 degrees, and 25 degrees hyperextension and bilateral lateral bend, "diminished" bilateral lower extremity strength and intact sensation. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 7.5-325mg #120 (X0) is not medically necessary.