

<b>Case Number:</b>	CM15-0179147		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 50-year-old male who sustained an industrial injury on July 17, 2012. A recent progress note dated July 27, 2015 reported chief subjective complaints of low back and right hip pain. Current medications consisted of: Percocet, Terocin, Prilosec, Ultram ER, Diazepam, Cialis, and Wellbutrin. He is also noted utilizing a lumbar brace during the day with activities and off for sleep. The worker is status post laminectomy, lumbar. The plan of care noted: continuing with lumbar support brace; refilling medications. Primary follow up dated July 24, 2014 reported currently not taking medications. On June 29, 2015 at primary follow up, there was subjective complaint of: sharp, throbbing, constant bilateral lower extremity pain. Previous treatment to include: activity modifications, medications, therapy, and diagnostic testing. She is also with subjective complaint of right thigh hip pain. Current medications noted: Percocet, Terocin, Prilosec, Ultram, Diazepam, Cialis, and Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg, #75:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #75 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine; and enthesopathy hip region NOS. date of injury is July 17, 2012. Request for authorization is August 6, 2015. According to a progress note dated March 3, 2014, the treating provider prescribed tramadol ER. According to a progress note dated June 16, 2014, the injured worker developed an allergic reaction to tramadol. According to a February 16 2015 progress note, Percocet was already prescribed to the injured worker. The start date for Percocet does not specify medical record. According to a July 27, 2015 progress note, subjective complaints of low back pain, right hip pain that radiates to the bilateral lower extremities. The count list of medications includes Ultram ER and tramadol. Reportedly, Ultram was discontinued due to an allergic reaction. Objectively, there is no physical examination the medical record. The documentation does not demonstrate objective functional improvement. There are no detailed pain assessments or risk assessments. There has been no attempt at weaning Percocet. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no pain assessment and risk assessments and no documentation with an attempt to wean, Percocet 10/325mg #75 is not medically necessary.