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| <b>Case Number:</b>   | CM15-0026103 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 07/09/2004 |
| <b>Decision Date:</b> | 04/03/2015   | <b>UR Denial Date:</b>       | 01/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2015 |

### 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

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 52 year old female who sustained an industrial injury on 7/9/04. The injured worker reported symptoms in the back and right lower extremity. The diagnoses included lumbar spine strain/sprain and right sacroiliac strain/sprain. Treatments to date include oral pain medication and home exercise program. In a progress note dated 11/24/14 the treating provider reports the injured worker was with "complaints of lower back pain.radiating into right lower extremity and right groin." On 1/21/15 Utilization Review non-certified the request for Percocet 5/325 milligrams quantity of 120. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Oxycodone/Acetaminophen (Percocet) Page 92. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. The primary treating physician's progress report dated 1/5/15 documented that the patient had low back pain and lower extremity pain. Pain is moderate to severe. Physical examination of the lumbar spine demonstrated tenderness to palpation, muscle spasm, tenderness of the right sacroiliac joint, and positive right lower extremity straight leg raise. Diagnoses included lumbar spine sprain and strain, lumbar radiculopathy, displacement of lumbar intervertebral disc, and right sacroiliac joint sprain and strain. The treatment plan included MRI magnetic resonance imaging of the lumbar spine, surgical consultation, lumbar epidural steroid injection. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The request for Percocet 5/325 mg is supported by MTUS and FDA guidelines. Therefore, the request for Percocet 5/325 mg is medically necessary.