

<b>Case Number:</b>	CM15-0067078		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 59 year old male who sustained an industrial injury on 11/29/10. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar spinal stenosis with neurogenic claudication, lumbar disc displacement, and low back pain. Treatments to date have included oral pain medication, nonsteroidal anti-inflammatory drugs, and injections. Currently, the injured worker complains of lower back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Percocet 10/325mg #75: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet 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 for over a year. Recent pain level was 9/10. The physician provided Percocet instead of Norco for pain. No one opioid is superior to another. The prior month pain response to Norco was not noted. Failure of Tylenol or Tricyclic use or weaning attempt was not noted. There is no indication that Percocet would provide superior relief and that opioid use needs to be continued. Long-term use can lead to addiction and tolerance. The Percocet as prescribed is not medically necessary.

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**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids for chronic pain.

**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 for over a year. Recent pain level was 9/10. The physician provided Percocet instead of Norco for pain. No one opioid is superior to another. The prior month pain response to Norco was not noted. Failure of Tylenol or Tricyclic use or weaning attempt was not noted. There is no indication that Percocet would provide superior relief and that opioid use needs to be continued. Long-term use can lead to addiction and tolerance. The Percocet as prescribed with an additional prescription of 75 without knowing pain response is not medically necessary.