

<b>Case Number:</b>	CM15-0067156		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/13/2015
<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 50 year old female, who sustained an industrial/work injury on 4/27/08. She reported initial complaints of pain in the lumbar, thoracic spine, right wrist, elbow, ankle, and wrist. The injured worker was diagnosed as having lumbar strain/sprain, lumbosacral disc degeneration and displacement. Treatment to date has included medication, epidural steroid injections, and conservative treatments. Currently, the injured worker complains of constant and throbbing low back pain that is 8/10 without medication and 3/10 with medication. Per the primary physician's progress report (PR-2) on 3/2/15, the injured worker had benefitted from medication but had side effects of dizziness and nausea. Examination noted severe spasms in the bilateral lumbar paraspinal muscles with positive twitch response (R>L), mild pain with lumbar extension and slowed ambulation. Straight leg raise and muscle strength in the lower extremities was normal. The requested treatments include Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82.

**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 Percocet for over a year with a stable pain response. There was no indication of Tylenol/tricyclic failure or weaning attempt. Continued and chronic use of Percocet is not recommended and not medically necessary.