

<b>Case Number:</b>	CM15-0074473		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/06/2006
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 53 year old male injured worker suffered an industrial injury on 08/06/2006. The diagnoses included lumbar radiculopathy, post lumbar laminectomy syndrome and low back pain. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with medications and physical therapy. On 3/9/2015 the treating provider reported lower back pain and that the pain had increased since last visit. The pain with medications 4/10 and 9/10 without medications. The quality of sleep was poor. On exam there were muscle spasms of the lumbar spine with positive trigger points along with positive straight leg raise. The treatment plan included Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #140:** Upheld

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

**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 Percocet for over 2 years with Kadian. Ibuprofen was provided alongside. Long-term of short-acting opioids is not recommended. There was no mention of Tricyclic or Tylenol failure. Continued use of Percocet is not medically necessary.