

<b>Case Number:</b>	CM15-0076283		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Preventive Medicine, Occupational 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(n) 58 year old female, who sustained an industrial injury on 5/31/11. She reported pain in her lower back and hands related to a fall. The injured worker was diagnosed as having thoracic/lumbosacral neuritis, lumbago, lumbar degenerative disc disease and sacroilitis. Treatment to date has included a lumbar MRI and pain medications, including Percocet since at least 9/18/14. On 11/11/14, the injured worker rated her average pain a 7/10. She was taking Percocet 5/325mg 1 tablet three times daily as needed. As of the PR2 dated 2/5/15, the injured worker reports increased low back pain with muscle spasms. She rated her average pain since the previous visit is a 7/10. She is recovering from a partial right knee arthroplasty done on 1/9/15 and completing physical therapy. The treating physician requested to continue Percocet 5/325mg 1 tablet four times daily as needed #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325, one by mouth as needed, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Guidelines do not support the chronic use of opioids unless there is clear evidence of meaningful pain relief and functional improvements as a result of use. These standards are not met with this patient. There is no documentation of meaningful pain relief as a result for the specific use of Percocet. There is no documentation regarding the specific pattern that this is utilized, how much pain relief is realized and for how long. There is also a lack of documented functional improvements due to use. Under these circumstances, the Percocet 5/325 prn #120 is not supported by Guidelines and is not medically necessary.