

<b>Case Number:</b>	CM15-0096483		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male, who sustained an industrial injury on 11/08/2010. According to a progress report dated 05/01/2015, chief complaints included pain in the neck, mid back, low back, arm/shoulder/hand and leg as well as spine injury. He continued to have mid and lower back pain. He rated his mid back pain as a 5 on a scale of 1-10. Low back pain was rated 5-6. Arm pain was rated 4 and leg pain was rated 6. Symptoms were constant and he only got relief with medications, rest and lying down. Since the last visit, the injured worker felt that he remained the same. Medication regimen included Percocet, Naprosyn, Omeprazole and Flexeril. He also took multiple medications for his medical problems. Diagnoses included lumbar stenosis, low back pain and lumbar fracture with spinal cord injury. In regard to the L1 burst fracture status post decompression with T11 to L3 posterior fusion, the injured worker had neurologically plateaued and stabilized. Prior imaging showed stable position of all hardware and satisfactory fusion. Treatment plan included Percocet, Naprosyn, Flexeril and Omeprazole. The provider noted that a urine toxicology screen performed on 01/08/2015 was consistent with medication regimen. Without medications, he had severe pain that was rated 9. His Oswestry Disability Scores was 62 percent and was down from 80 percent. Currently under review is the request for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.