

<b>Case Number:</b>	CM15-0098117		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 12, 2013. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for Percocet. The claims administrator referenced a progress dated April 1, 2015 in its determination. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant stated that his pain complaints were worsening and 4-7/10. Activities of daily living as basic as walking, bending, and twisting remained problematic, although the applicant stated that his medications were beneficial. The applicant's medications and work status were not described, although it was suggested that the applicant was using Norco and Soma. The applicant had received epidural steroid injection therapy and medial branch blocks, it was stated. On May 6, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, 8/10 without medications versus 5/10 with medications. The attending provider stated that the applicant's medications were reducing the applicant's pain complaints by 50%. The applicant was using Mobic, Soma, and Norco; it was stated in one section of the note. The applicant's BMI was 23. It was suggested that the applicant was working modified duty with a 20-pound lifting limitation in place. Percocet was refilled at the bottom of the report. The applicant was asked to consider SI injection therapy. The note was very difficult to follow, mingled historical issues with current issues. It was not clearly stated whether the applicant was using Percocet in conjunction with Norco or not. In a similar vein, an earlier progress note of

April 1, 2015 also suggested that the applicant was using both Norco and Percocet. It was suggested that the applicant was working owing to financial constraints, despite ongoing pain complaints scored at 8/10 with medications versus 9/10 without medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet tab 10-325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider's reports and progress notes of April 1, 2015 and May 6, 2015 were quite difficult to follow. The attending provider's progress notes of April 1, 2015 and May 6, 2015 both suggested that the applicant was concurrently using two separate short-acting opioids, Norco and Percocet. A clear or compelling rationale for usage of two separate short-acting opioids was not furnished here. It is unclear whether the applicant was actually using both Percocet and Norco concurrently or whether the attending provider's reports represented historical carry-overs of the applicant's medication list from previous visits. The information on file, nevertheless, did not support concurrent usage of Norco and Percocet. Therefore, the request was not medically necessary.