

<b>Case Number:</b>	CM13-0055328		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/07/2001
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 followed for lumbar post laminectomy pain syndrome, radiculitis and chronic pain with a date of injury of 7/7/2001. She received a posterior L5-S1 fusion followed by an anterior procedure. Placement of a dorsal column stimulator offered some relief of the initial low back and left leg pain, but resulted in severe new thoracic pain, with persistent low back and progressive left leg pain. Frequent reprogramming has not resolved pain. Decision is in process on removal vs. replacement with a smaller unit with repositioning away from thoracic nerve stimulation. Medicines in January and February 2013 were Nucynta ER 100 mg every 12 hours, and Nucynta IR 50 mg every 6 hours as needed for breakthrough pain. Functionally at that time, she could perform some household chores and supervise others when medicated. In March, medications were changed to extended release morphine 20 mg every 12 hours and Percocet 10/325 2-3 times daily as needed. In May Percocet 10/325 mg was increased to every 6 hours. Cyclobenzaprine 10 mg 3 times daily and Zolpidem ER 12.5 mg nightly were added. Medications were the same in September and October; a psychiatric interview reports the worker was also taking ibuprofen. In October morphine was noncertified and stopped abruptly. The worker was now prescribed only Percocet 10/325 every 6 hours and cyclobenzaprine 10 mg 3 times daily, paying for them herself. On November 13 pain was described as 10/10 without medication, 8-9/10 with medication. Functionally, she had rarely left the house and was controlling pain with inactivity. On December 11, 2013 a trial of weaning was initiated at the worker's request due to cost. Percocet 10/325 was reduced to three times daily. This was unsuccessful and Percocet was increased back to every 6 hours on January 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg, 90:** 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 Page(s): 76-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines criteria for use of opioids in chronic pain require that opioids be part of an overall treatment plan; include likelihood of improvement based on prior response [improved analgesia, and activities of daily living), trials of other treatments, likelihood of abuse and presence of nociceptive rather than neuropathic pain; are unlikely to lead to abuse or adverse outcome; do not have a diagnosis unlikely to from opioid therapy; and are consistent in their [presentation. The worker meets all these criteria, and has none of the Red Flags raised in the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines for ongoing management of opioids recommend: prescriptions from a single practitioner; the lowest dose possible to improve pain and function; ongoing review of pain relief and functional status, appropriate medical use and side effects. Drug testing, while not required unless concerns are present, has been performed. Analgesia, activities of daily living and possibility of aberrant behavior or abuse have all been assessed and recorded. Side effects of opiates have not been expressly denied but opiate withdrawal, and uncontrolled pain without access has been described; adverse event discussion has focused on the dorsal column stimulator. According to the Chronic Pain Medical Treatment Guidelines, the guidelines for discontinuation are: no improvement in function, unless there are extenuating circumstances; decrease in functioning; resolution of pain; serious non-adherence; or patient request. None of these conditions are found in this worker. Certification has been denied based on a stated lack of sufficient medication history, a lack of urine drug testing and no report of side effects or whether the worker has returned to work. Prescription medication history is reported adequately from January 2013 through January 2014 in records provided. Urine drug screening in August 2013 shows appropriate use of prescribed medication and no inappropriate use. Functional response to treatment is documented in medical notes. The worker's disability status is permanent and stationary. The request for Percocet 10/325 mg, 90 count, is not medically necessary or appropriate.