

<b>Case Number:</b>	CM14-0002773		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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. The expert reviewer is Board Certified in Occupational 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 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/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 claimant injured his back on 01/08/10 when he slipped on a wet floor and fell onto his buttocks and then struck his head. A prescription for Percocet has been non-certified and is under appeal. He had an orthopedic reevaluation on 12/11/12. He had a lumbar epidural steroid injection in the past. Surgery was discussed. His medication use is not stated. There was no mention of medication use on 01/15/13. He has attended physical therapy. On 01/17/13, Prevacid and omeprazole were noted. Revision surgery was recommended by [REDACTED] on 11/27/12. He underwent surgery for a discectomy and fusion on 10/03/11. There was no medication noted on 01/29/13 and he was advised to use heat and exercise. The surgery was non-certified. He was seen in an emergency department on 02/17/13 for chest pain/shortness of breath and his medications included Percocet. On 03/13/13 he saw [REDACTED] and was prescribed hydrocodone/APAP, cyclobenzaprine, diclofenac, and pantoprazole. On 03/21/13, [REDACTED], a chiropractor, indicated that he was taking his medications regularly, which seemed to help with no ill effects. He was to start medication management with [REDACTED]. A prescription for hydrocodone was certified on 04/16/13. He saw [REDACTED] on 04/25/13 for an initial consultation. He reported acid reflux with depression and stress and difficulty sleeping. A urine toxicology screen was done and he was prescribed gabapentin, topical cream, Prilosec, Medrox patch and Gaviscon. The drug screen results indicated that oxycodone and oxymorphone were detected. The report also states there was no oxycodone or hydrocodone detected. Revision surgery was again recommended by [REDACTED] in May 2013. He was scheduled for lumbar surgery on 07/08/13 and was prescribed Norco by [REDACTED]. A drug screen was done on 07/01/13 and was positive for acetaminophen and he was only taking naproxen. There were no opioids. On 07/01/13, he saw [REDACTED] and was to continue Percocet per [REDACTED]. He underwent surgery on 07/08/13. On 08/13/13, [REDACTED] stated he could start PT, but there

was no mention of medications. PT was recommended by [REDACTED] on 08/28/13 and again there was no mention of medication use. On 11/06/13, no oxycodone, tramadol, or oxymorphone were detected on a urine drug screen. On 11/06/13, when he saw [REDACTED], his medications included only Prilosec and Gaviscon. On 11/19/13, he was prescribed Neurontin to take at bedtime. On 12/18/13, only Prilosec, Gaviscon, gabapentin and tramadol were listed.

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

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

#### **1 PRESCRIPTION OF PERCOCET 10/325MG #40: 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 for Chronic Pain, page 110 Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Percocet. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. In addition, the results of the drug screen do not clearly reflect the claimant's use of medications of this type and do not appear to have been followed up or discussed with the claimant. As such, the medical necessity of the ongoing use of Percocet has not been clearly demonstrated.