

<b>Case Number:</b>	CM14-0107759		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of April 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 8, 2014, the claims administrator approved a request for Percocet, denied another request for Percocet, approved a request for morphine, denied a second request for morphine, approved a request for Neurontin, approved a request for Colace, and approved random urine drug testing. The attending provider stated that one of two prescriptions for the opioids in question could be approved but that second-time request for the same could not be approved on the grounds that the attending provider should be periodically re-evaluated to ensure a favorable response to the medications in question. The applicant's attorney subsequently appealed. In a progress note dated June 11, 2014, the applicant reported persistent complaints of pain. The applicant apparently exhausted his supply of medications one week ahead of schedule. The attending provider stated that the applicant's pain complaints were dropping from 8/10 without medications to 4/10 with the same. The applicant was using six tablets of Percocet a day, two tablets of morphine a day, Neurontin thrice daily, Ambien for sleep purposes, and Colace. The attending provider stated that he would give the applicant 180 tablets of Percocet and 60 tablets of morphine with a second set of prescriptions for the following month labeled 'do not fill until July 11, 2014.' The applicant was given prescriptions for Neurontin and Colace. The applicant was described as retired from his former employment. On April 15, 2014, the applicant again reported persistent multifocal pain complaints. The applicant was using six tablets of Percocet daily and two tablets of extended release morphine daily in conjunction with Neurontin. The attending provider stated that the

applicant's pain control was good and that the applicant was able to do unspecified chores with the medications at issue. In an earlier Utilization Review Report dated August 1, 2013, it was acknowledged that the applicant was only 51 years old at that point in time. In an earlier note dated September 4, 2013, the applicant was described as having pain ranging from 7/10 with medications to 9-10/10 without medications. The attending provider acknowledged that the applicant was unable to return to work.

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

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

#### **PERCOCET 10/325 MG, # 180: 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 When to Continue Opioids topic. Page(s): pages 85, 87, and 109.

**Decision rationale:** As noted on pages 85, 87, and 109 of the MTUS Chronic Pain Medical Treatment Guidelines, request for early prescription refills do represent cautionary red flags suggestive of addiction. It is further noted that the applicant does not clearly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work, at age 51, despite ongoing opioid usage. While the attending provider stated that the applicant's ability to perform household chores has improved as a result of ongoing opioid therapy, this appears to be a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to work and apparent reports of exhausting medications ahead of schedule. Therefore, the request is not medically necessary.

#### **MORPHINE 15 MG, # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Opioids, Differentiation, Dependence, and Addiction topic..

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is no longer working, at age 51, despite ongoing opioid therapy. While the applicant has reported appropriate analgesia with ongoing opioid therapy on some occasions, on other occasions, however, the applicant presented reporting heightened pain complaints. The attending provider has not, furthermore, outlined any meaningful or tangible improvements in function achieved as a result of ongoing opioid therapy. The applicant's self-

reports of improved ability to perform household chores is seemingly outweighed by the applicant's failure to return to any form of work, coupled with the applicant's seeming pattern of presenting for early medication refills, which, per page 85 of the MTUS Chronic Pain Medical Treatment Guidelines, could represent a form of opioid addictive behavior. Therefore, the request is not medically necessary.