

<b>Case Number:</b>	CM14-0017309		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported an injury on 09/20/2013 due to a fall. The injured worker's treatment history included physical therapy, activity modifications, and multiple medications. The injured worker was evaluated on 12/04/2013. It was documented that she continued to have severe low back pain radiating into the bilateral lower extremities. She was prescribed Vicodin and referred to a pain management specialist. The injured worker was evaluated on 01/02/2014. The injured worker's medication scheduled was listed to be Paxil, naproxen and Vicodin. Physical findings included myofascial trigger points in the paraspinal musculature of the lumbar spine with a positive Fabere test, Fortin's finger test, and Gaenslen's test on the right. The injured worker's diagnoses included lumbar spine degenerative disc disease, lumbar spine myofascial pain, lumbar spine radiculopathy. The injured worker's treatment plan included L4-5 transforaminal epidural steroid injection. It was noted that the injured worker was already taking an anxiolytic and an antidepressant; therefore, further consultation for medication prescriptions would be needed. A request was made for morphine and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 78.

**Decision rationale:** The requested morphine 15 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends initiating pain management with an opioid be supported by documentation that the injured worker had failed to respond to lower levels of medications. The clinical documentation does indicate that the injured worker is already taking an antidepressant and anxiolytic and continues to have pain. However, there is no documentation that the injured worker has failed to respond to a trial of anti-convulsants. Additionally, there is no documentation of an adequate pain assessment to establish the need for continued opioid therapy. The clinical documentation submitted for review does indicate that the injured worker is currently taking Vicodin provided by another provider. Therefore, the justification to add additional opioids to the injured worker's medication schedule would be needed. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested morphine 15 mg #60 is not medically necessary or appropriate.

**PERCOCET 5/325MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, INITIATING THERAPY Page(s): 77.

**Decision rationale:** The requested Percocet 5/325 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends initiating pain management with an opioid be supported by documentation that the injured worker had failed to respond to lower levels of medications. The clinical documentation does indicate that the injured worker is already taking Final Determination Letter for IMR Case Number [REDACTED] 4 an antidepressant and anxiolytic and continues to have pain. However, there is no documentation that the injured worker has failed to respond to a trial of anticonvulsants. Additionally, there is no documentation of an adequate pain assessment to establish the need for continued opioid therapy. The clinical documentation submitted for review does indicate that the injured worker is currently taking Vicodin provided by another provider. Therefore, the justification to add additional opioids to the injured worker's medication schedule would be needed. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Percocet 5/325 mg #60 is not medically necessary or appropriate.