

<b>Case Number:</b>	CM14-0125137		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/26/1996
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in New York & 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 70 year old male who suffered a work related injury on 06/26/96. The mechanism of injury is not documented. The most recent medical record submitted for review is dated 05/14/14. The injured worker states he is in constant pain in his back, muscle spasms. He is forward flexed, cannot stand up straight. Uses a cane for ambulation. He reports pain radiating down both legs, more in the right than the left with a burning sensation. He rates his pain at an 8/10 with his medication. On average it is 7/10 with his medication. Without them it is 10/10. He states he cannot function without them. He reports 50% functional improvement with activities of daily living with the medication versus not taking them at all. He continues on MS Contin 60mg TID. Percocet up to 5 per day for breakthrough pain. He also uses Cymbalta, Lyrica along with Neurontin, Flexeril. He is not working. Physical examination; lower back he has forward flexed antalgic posture. He cannot stand up straight. He cannot forward flex to 30 degrees, grasping his knees. Right and left straight leg raise to 80 degrees caused some right sided back pain, but not radiating. Lower extremity sensation and deep tendon reflexes both intact in the lower extremities. He can ambulate on his toes and heels. Palpation reveals loss of lordotic curve with palpable muscle spasm. Neck range is very limited. He can rotate right to left at 50 degrees, flex and extend 10 degrees. Cervical compression causes neck pain, but does not radiate. Valsalva and Hoffman's signs are negative. Bilateral shoulder exam reveals tenderness over the subacromions. Range of motion limited in all planes with positive impingement signs. Diagnoses ongoing lower back pain, bilateral radicular symptomology. He has had a history of anterior and posterior spinal fusions from L4 to S1. He has also had placement of a spinal cord stimulator 9 years ago, which no longer functions. He states it never helped him with his pain control or improvement of level of function in the past. Postoperative

CT myelogram revealing epidural fibrosis constricting the nerve roots extending above his prior fusion site with moderate stenosis in the canal above the fusion site at L3-4. The injured worker has had prior epidural steroid injections which have not provided him with any improvement in his back pain. Prior utilization review on 07/22/14 was modified to initiate weaning. There is no documentation of functional improvement from the use of this medication.

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

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

**PERCOCET 10/325MG #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

**Decision rationale:** The current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization review on 07/22/14 was modified to initiate weaning. As such, the request is not medical necessary.