

<b>Case Number:</b>	CM14-0130824		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas, and Ohio. 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 31 year old female who reported an injury on 10/03/2009. The mechanism of injury was not provided. Diagnoses were noted as chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis, degeneration of cervical intervertebral disc, cervical facet joint pain, lumbar facet joint pain, and lumbar spine spasm. Past treatment included chiropractic therapy and medication. Diagnostic studies documented were a MRI of the lumbar spine on 10/22/2010. There was no surgical history noted. On 07/11/2014, the injured worker complained of increase in pain. She rated her pain 6/10 with medications and 8-9/10 without medications. She reported that chiropractic treatment helps her relieve pain levels, and with medication she stated her pain level went down to 3/10. She reported that the benefit of the chronic pain medication, activity restriction, and rest continue to keep pain within a manageable level to allow her to complete activities of daily living. She requested a decrease in the amount of Percocet that she is taking because the Tylenol better controls the pain without the peaks and valleys. Upon physical examination, the injured worker was noted to have 35% reduction in range of motion to her cervical spine. There was spasm across the lumbosacral area with 50% restriction of flexion and negative extension. A positive straight leg test was also noted. There is hypoesthesia and dysesthesia on the left medial aspect of the forearm and diffusely in the bilateral anterior aspects of the legs. She was noted to have a hypo-reactive left ankle reflex at 1- compared to 1+ on the right. The medications listed were Percocet 10/325 mg, Ativan, and Tylenol. The treatment plan was to continue the pain medications and conservative treatment measures like the use of heat, ice, rest, gentle stretching, and exercise. The rationale for the request for Percocet was due to a request from the injured

worker to decrease the amount. The rationale for Xartemis XR was not clearly stated. The request for authorization form was not submitted.

### **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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

**Decision rationale:** The California MTUS Guidelines state that there be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, average pain, and intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker was noted have pain relief evidence by a pain rating of 6/10 with medications and 8-9/10 without medications. There was no adequate documentation of an increase in function with use of medications and the documentation did not adequately address aberrant behaviors and medication compliance. Furthermore, the request as written does not include a frequency. Therefore, the request is not medically necessary.

**Xartemis XR # 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

**Decision rationale:** The California MTUS Guidelines state that there be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, average pain, and intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker was noted have pain relief evidence by a pain rating of 6/10 with medications and 8-9/10 without medications. There was no adequate documentation of an increase in function with medications and the documentation did not adequately address aberrant behaviors and medication compliance. Furthermore, the request as written does not include a frequency. Therefore, the request is not medically necessary.

