

<b>Case Number:</b>	CM14-0151964		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/14/2005
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 01/14/05 while working at [REDACTED]. Treatments included a lumbar laminectomy and discectomy. He continues to be treated for chronic bilateral buttock pain radiating into the lower extremities and has a diagnosis of failed back syndrome. He has undergone spinal cord stimulator placement. He is permanently disabled. He was seen on 07/09/13. There had been increased pain when taking MS Contin at a 15 mg dose. Current medications included MS Contin 30 mg two times per day, Percocet 10/325 mg, Neurontin 800 mg three times per day, Lidoderm, and Naprosyn. Physical examination findings included decreased lumbar spine range of motion. There was back pain with Patrick's maneuver. Straight leg raising was positive. There was decreased lower extremity strength and sensation. He had decreased balance and was noted to ambulate using a cane. Medications were refilled. On 01/14/14 urine drug screen testing in December 2013 had shown expected findings. Pain was rated at 8/10. Medications were refilled. On 06/03/14 pain was rated at 8-9/10. He was having ongoing symptoms. Pain was rated at 8-9/10. MS Contin 30 mg #60 and Percocet 10/325 mg #90 were refilled. The assessment references a 50% decrease in pain when taking MS Contin and 40% improvement in breakthrough pain with Percocet. On 09/16/14 he had fallen two times earlier in September due to lower extremity numbness and weakness. Physical examination findings appear unchanged. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 MG x 100:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing,.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for failed back surgery syndrome. Including spinal cord stimulator placement. Medications include opioids at a total morphine equivalent dose (MED) of approximately 120 mg per day.Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Percocet is referenced as providing 40% improvement in breakthrough pain and is therefore medically necessary.

**MS Contin 30 MG Tablets:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing,.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for failed back surgery syndrome. Including spinal cord stimulator placement. Medications include opioids at a total morphine equivalent dose (MED) of approximately 120 mg per day.Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. MS Contin is referenced as providing 50% improvement in pain and therefore is medically necessary.