

<b>Case Number:</b>	CM14-0170655		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/14/2000
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 years old male with an injury date on 09/14/2000. Based on the 10/02/2014 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar disc disorder with Myelopathy. 2. Lumbosacral neuritis nos/radiculopathy. According to this report, the patient complains of "ongoing low back pain with left leg radiculopathy." Patient is 8 month status post L5-S1 anterior lumbar interbody fusion. Pain is rated as a 6/10 when active and a 5/10 when resting. Physical exam reveals restricted lumbar range of motion. Decreased sensation on the left in the L5 distribution is noted. Patient's lumbar disability index score is a 40; "it is painful to look after myself and I am slow and careful." Pain prevent the patient from walking more than 1 mile; sitting more than 1 hour; standing more than 1 hours; less than 6 hours of sleep; sex life is severely restricted by pain; restricted social life; and able manage to travel over 2 hours at time. The 08/20/2014 report indicates the lumbar disability index score is a 52. Laboratory report dated 08/23/2014 indicates "test result is expected with prescribed medications." The 08/18/2014 report mention the patient "continued to take Opana ER10 mg b.i.d. but feels that this is not working and that an increase to Opana 20 mg would be more beneficial." The treating physician states "At this point, we feel that patient would be better suited to the hands of a pain management physician for long term ongoing management. The request for patient to be referred to a pain management was authorized per 10/10/14/ report." There were no other significant findings noted on this report. The utilization review denied the request on 10/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/12/2014 to 10/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of percocet 10/325mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) When to continue opioids criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Medications for chronic pain Page(s): 88 and 89, 78 ,60,61.

**Decision rationale:** According to the 10/02/2014 report by [REDACTED] this patient presents with "ongoing low back pain with left leg radiculopathy." The treater is requesting to start Percocet 10/325mg # 90 (one every hour); and discontinued Opana ER. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is documentation that Opana ER did not work very well, and the treater actually wanted to increase the dose. The patient was transferred to pain management instead and the current request is for a trial Percocet. Given the patient's chronic pain, and previous failure with Opana ER, trial of Percocet would appear reasonable. For ongoing use, careful documentation of pain and function must be provided as required by MTUS. Recommendation is for authorization.