

<b>Case Number:</b>	CM14-0171280		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old female who had a work injury dated 11/28/06. The diagnoses include history of lumbar fusion at L4-L5; neck pain. MRI of the cervical spine from May 2007 showed a small C7-T1 meningocele, but was otherwise normal; headache, likely cervicogenic. CT of the brain done on February 2007 is read as normal; negative left cervical facet evaluation. Under consideration are requests for re-initiation of Percocet 5/325mg #60, prescribed on 9/4/14 not certified; Percocet 5/325mg #30, postdated prescription in approximately one month from 9/4/14; Prilosec 20mg#30 with 1 refill, prescribed on 09/04/14. There is a 9/4/14 PR-2 document that states that the patient returns to clinic for follow up, last seen on June 17, 2014. The patient states that with her medication, she is able to bring her pain down to about a 5/10. This allows her to do a light household task as well as her self-care activities of daily living for about 20 to 30 minutes at a time. Without her medications, she would be barely able to get out of bed. Without her medications, her pain can reach to 9/10 to 10/10. There are no aberrant behaviors. The patient denies any adverse reactions. She continues to have difficulties with itching as well as rash. The patient would really like to see a dermatologist in this regard. The patient did get the Butrans patch, but she was not able to tolerate this secondary to nausea and vomiting. On physical examination the deep tendon reflexes are equal and symmetric in the bilateral upper and lower extremities. A rash is noted in the arms as well as throughout the back. There is no purulence or drainage noted. The patient is observed itching her right palm while seated. The rest of examination is unchanged. The treatment plan states that Butrans will be discontinued secondary to side effects. The patient is reinitiated on #60 Percocet with a postdated prescription for #30 Percocet in approximately 1 month. This would be a total of a 6-week supply. The patient is provided the dosage of 5 mg. The patient is also provided with #30 Paxil with 1 refill

and #30 Prilosec with 1 refill. On a 10/22/13 document the patient complains of itching from Percocet and try Tylenol #3 due to itching. On a 12/3/13 progress note the patient feels Tylenol #3 is not helping and would like to go back to Percocet A 6/17/14 document reveals that the patient has not been able to get her pain meds and reports that her pain is less severe at an 8-9/10. The patient reports whenever she takes medications she has itching and a rash. A 3/25/14 progress note indicates that the patient states that the Oxycodone she received caused itching and she has even had some rash with this. She does not feel it is appreciably helpful with pain. The plan was to hold the Percocet.

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

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

**Re-initiation of Percocet 5/325mg #60, prescribed on 09/04/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The guidelines also recommend the 4 A's for Ongoing Monitoring. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate significant functional improvement as defined by the MTUS despite the patient being on Percocet intermittently since 2012. The documentation indicates that the patient has had a rash and itching felt due to her Percocet. The progress notes prior to 9/4/14 do not document consistently reduced pain levels despite remaining on Percocet. In light of the fact that the patient has not had significant functional improvement, consistently reduced pain levels on Percocet, and has side effects of rash and itching on this medication the request for the re-initiation of Percocet 5/325mg #60, prescribed on 9/4/14 is not medically necessary.

**Percocet 5/325mg #30, postdated prescription in approximately one month from 09/04/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The guidelines also recommend the 4 A's for Ongoing Monitoring. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate significant functional improvement as defined by the MTUS despite the patient being on Percocet intermittently since 2012. The documentation indicates that the patient has had a rash and itching felt due to her Percocet. The progress notes prior to 9/4/14 do not document consistently reduced pain levels despite remaining on Percocet. In light of the fact that the patient has not had significant functional improvement, consistently reduced pain levels on Percocet, and has side effects of rash and itching on this medication the request for Percocet 5/325mg #30, postdated prescription in approximately one month from 9/4/14 is not medically necessary.

**Prilosec 20mg #30 with 1 refill, prescribed on 09/04/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec 20mg#30 with 1 refill, prescribed on 09/04/14 is not medically necessary.