

<b>Case Number:</b>	CM14-0174517		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old man who sustained a work-related injury on January 8, 2013. Subsequently, he developed with chronic back pain. According to progress report dated on August 19, 2013, the patient was diagnosed with the lumbar stenosis, prone were superimposed Guillain-Barr syndrome with severe peripheral neuropathy, metabolic syndrome with morbid obesity and type 2 diabetes. The patient was also diagnosed with the sleep apnea requiring CPAP machine. The patient EMG nerve conduction studies performed on June 25, 2014 demonstrated evidence of severe sensorimotor peripheral neuropathy. A lumbar MRI performed on July 21 thousand 14 demonstrated degenerative disc disease most notable at L2-3. According to a progress report dated on August 6 14, the patient was complaining of low back pain radiating to both lower extremities with a severity rated as 6/10. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, spasm, positive straight leg raise bilaterally and mildly extremity weakness. The patient was treated with the pain medication including Lidocaine patch, Lyrica, Mobic. The provider request authorization to start the patient on Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120, 1 every 4-6 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone & Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy (b) The lowest possible dose should be prescribed to improve pain and function (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. 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. The patient has been not using opioids for long period of time (since at least November 2013) and his pain was successfully managed without narcotics. There is no documentation of recent change in the severity of his pain beyond the relief that could offered by non-narcotic medications. In addition, the patient was diagnosed with sleep apnea and the side effects of opioids could alter his condition. Therefore the prescription of Percocet 10/325mg, #120 is not medically necessary.