

<b>Case Number:</b>	CM14-0021428		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

This patient is a 45-year-old male with date of injury 12/22/2011. Per treating physician's report 12/09/2013, the patient presents with low back pain with radiation down both lower extremities, had 70% improvement of pain during the percutaneous spinal cord stimulator trial. Medications include temazepam, Lantus, insulin, and Percocet 10/325 q.i.d. The patient has tried Norco, ibuprofen, hydrocodone 10/500, metformin, Percocet, Vicodin, and Neurontin in the past. The listed diagnoses are: 1. Positive percutaneous spinal cord stimulation trial. 2. Failed back surgery syndrome. 3. Lumbar postlaminectomy syndrome L3-L4 and L4-L5. 4. Lumbar radiculopathy, neuropathic pain. 5. Central disk protrusion at L1 to S1 with moderate severe foraminal stenosis at L5-S1, lumbar facet arthropathy and diabetes mellitus. Under treatment recommendations, the percutaneous spinal cord stimulator leads were removed without complications, and the patient was provided with #120 of Percocet. It provides 60% improvement of his pain with maintenance of his activities of daily living such as self-care and dressing. He has an up-to-date pain contract, and his previous urine drug screens were consistent. He commended in office random 12 panel urine drug screen again, and the patient was given counseling regarding appropriate use of medications. An 11/20/2013 report by [REDACTED] states that the patient will be scheduled for percutaneous spinal cord stimulator trial, provided with prescription for Percocet. A 10/28/2013 report shows that the request for percutaneous spinal cord stimulator and Percocet were denied. Appeal was for Percocet which was modified to #30 per utilization review on 10/14/2013. Pain with this medication is 4/10 on visual analog scale, without it 8/10 to 10/10. With medication, patient is able to perform activities of daily living such as ambulate more than 1 block, perform self-care, personal hygiene, basic home care, and food preparation. Without medications, this patient would suffer functional decline which would result in hospitalization. The patient has no

adverse reactions, displays no signs of abuse, misuse, or aberrant behaviors. Patient's urine drug screen results are consistent with the medications that the patient is on and up-to-date pain contract. There are urine drug screen reports from 12/09/2013 and 09/04/2013 that are consistent.

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

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

**PECOCET 10/325MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Long-term Opioid use Page(s): 60, 61;88-89.

**Decision rationale:** This patient presents with chronic low back pain with failed back surgery syndrome. The patient has been on Percocet for quite some time which has been denied by utilization review. The treating physician provides adequate documentation that this medication has been helpful. There are pain scales including before and after showing significant analgesia. Activities of daily livings are significantly improved with patient maintaining independent activities of daily living with use of the medications as documented on progress report on 10/28/2013. Adverse side effects are discussed which the patient has none. Adverse drug seeking behavior is discussed indicating consistent urine drug screens, pain contact, and no other aberrant drug seeking behaviors. MTUS Guidelines support use of opiates for chronic musculoskeletal pain if adequate documentations are provided including the 4As that include analgesia, ADLs, adverse effects, and adverse drug seeking behavior. In this case, the treating physician has provided all of these informations. MTUS Guidelines further require "pain assessment" such as current pain, average pain, least amount of pain, time it takes for medication to work, and duration of pain relief. Although some of these informations are not provided, the treating physician provides adequate documentations regarding the 4As. Recommendation is for authorization.