

<b>Case Number:</b>	CM14-0030289		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/27/1984
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 and is licensed to practice in California and Virginia. 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 65-year-old male who was injured on 1/27/1984. Past medical history has included lumbar surgery in 2003, hardware removal in 2006, repeated SI joint injections most recently on 1/28/2014, Percocet, and Morphine Sulfate. A limited immunoassay toxicology reports dated 10/31/2013 and 1/07/2014 indicate patient's sample positive for opiates, consistent with compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the California MTUS guidelines, Percocet "opioid short acting" in chronic back pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records document the patient has complaints of chronic low back pain radiating to the lower extremities. According to the

5/19/2014 PR-2 the patient reports increased pain from previous 7/10 to 9/10. The medical records do not reflect there has been any improvement in pain level or functional capacity. Objective examination is unchanged. According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In the absence of documented significant improvement of pain and function on the requested medication, the request is not medically necessary according to the guidelines.

**Morphine Sulfate 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MS Contin, Oramorph SR, Kadian, Avinza), Oxycodone (Oxycontin), Fentanyl (Duragesic Patch), Hydromorphone (Palladone). Ongoing management should include 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. The medical records do not establish that this patient requires long-acting opioids. The criteria to support ongoing maintenance with long-acting opioids have not been met in this case. According to the 5/19/2014 PR-2 the patient reports increased pain from previous 7/10 to 9/10. The medical records do not reflect there has been any improvement in pain level or functional capacity. Objective findings remain unchanged. The medical records do not establish the patient has obtained clinically significant relief with ongoing opiate use. There are no details regarding non-opioid and non-pharmacologic means of pain control. The medical records do not establish this patient has obtained overall improvement in function or pain with Morphine. The medical necessity of this request is not established.