

<b>Case Number:</b>	CM14-0051303		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/01/1993
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old female who reported an injury on 07/03/2012. The mechanism of injury was reported as a slip and fall. The diagnoses included lumbago and lumbar post laminectomy syndrome. Prior therapies included surgery and physical therapy. Per the 03/12/2014 progress report, the injured worker reported an increase in her back pain. She reported her function had decreased dramatically but that she was reluctant to further increase her medications. It was noted a urine drug screen performed 01/13/2014 showed some inconsistencies. The current medications included MS Contin 30 mg 4 times a day and Percocet 10/325 mg 4 times a day. Per the 06/10/2014 progress report, the injured worker reported her medications allowed her to function and she felt she was unable to further titrate her medications. She reported a current pain level of 4/10 to 5/10. The injured worker reported relatively good pain control, except for continued headaches and migraine pain. Objective findings included an antalgic gait and limited lumbar mobility. The injured worker's current medications included MS Contin 15 mg twice daily and Percocet 10/325 mg 3 times a day. The Request for Authorization Form for Percocet and MS Contin was submitted on 04/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10.325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The request for Percocet 10/325 mg #90 is not medically necessary. Regarding opioid management, the CA MTUS guidelines state there should be 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. The medical records provided indicate an ongoing prescription for Percocet since at least 05/13/2013. A urine drug screen performed 01/13/2014 was negative for Percocet. The historical results indicated the injured worker was consistently negative for oxycodone. The injured worker reported relatively good pain control. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. As such, the request is not medically necessary.

**MS Contin 15 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The request for MS Contin 15 mg #60 is not medically necessary. Regarding opioid management, the CA MTUS guidelines state there should be 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. The medical records provided indicate an ongoing prescription for MS Contin since at least 05/13/2013. The urine drug screen performed 01/16/2014 was consistent with the injured worker's use of MS Contin. The injured worker reported relatively good pain control with her current medications. There is a lack of documentation regarding significant pain relief, objective functional improvements, and side effects. Based on this information, continued use is not supported. As such, the request is not medically necessary.