

<b>Case Number:</b>	CM14-0078992		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 injured worker is a 48 year old male, with bipolar disorder, who sustained a work-related injury on June 13, 2008. Subsequently, the injured worker developed chronic low back and left lower extremity pain. According to a progress report dated April 30, 2014, the patient was continued on his Percocet and Fentanyl patch. The patient is still complaining of low back and left lower extremity pain. He describes his pain as an aching, burning type pain in his low back and intermittent tingling in his left lower extremity. He rates his pain without medication as 9/10 and his pain level with medication as 5/10. His pain is worse with standing, bending, and lifting. The patient reports problems with insomnia, headaches, chills, sleepiness, and depression. His physical examination revealed lumbar paraspinal tenderness and decreased range of motion of his lumbar spine secondary to pain. Straight leg raising is positive on the left. Patellar deep tendon reflexes are 2+. Achilles deep tendon reflexes are 1+ bilaterally. There is no clonus or increased tone. Lower extremity strength is 5/5 bilaterally. He has an altered sensation in his left posterior thigh. He ambulates with a normal heel to toe progression. The injured worker's diagnoses include: lumbar degenerative disc disease, lumbar stenosis, lumbar radiculitis, depression, and dysthymic disorder. The provider requested authorization for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg BID #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) << Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to MTUS guidelines, Percocet is a short acting opioid and is seen as an effective medication to control pain and 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. 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 injured worker was already on percocet for a long time (since at least 2012) without documentation of significant functional improvement or pain reduction. He was also on high dose of opioids including Fentanyl without benefit. There is no documentation of quality of life improvement. There is no continuous documentation of compliance, side effect or use/non use of illicit drugs. Therefore, the prescription of Percocet 10/325 mg twice daily #60 is not medically necessary.