

<b>Case Number:</b>	CM14-0126437		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/30/2001
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 52-year-old female who sustained an industrial injury on 3/30/01 the result of cumulative trauma involving her back and left leg. She has been treated by a chiropractor most of her life. She currently complains of headaches, improved back and right leg pain since 7/10/14 procedure. Medications are ibuprofen, zanaflex, Percocet, protonix, Norco, Valium, Wellbutrin. Diagnoses include lumbar sprain/ strain; L4-5 spondylosis and stenosis, status post L4-5 bilateral laminotomy and right discectomy (7/10/14); bilateral right greater than left sciatica. Treatments to date include multiple lumbar epidural steroid injections with 60% effectiveness; medications. Diagnostics include x-rays of the lumbar spine (4/10/01) were abnormal; MRI's of the lumbar spine (5/20/13, 11/23/10) abnormal; MRI thoracic spine (1/28/13) abnormal. In the progress note dated 7/2/14 the treating provider's plan of care includes referral to a neurologist to evaluate left lower extremity weakness; Percocet as needed for moderate pain as it works in ½ hour to reduce flared pain after increased activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines med section Page(s): 75 and 91.

**Decision rationale:** Percocet is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1) education as to its benefits and limitations, 2) the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3) the establishment of realistic goals, and 4) encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short-term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. We have a patient with chronic lumbar pain who is in need of chronic pain meds. The MTUS states that if the pain is aided by the narcotic it should be continued. It is noted that the Percocet does help with pain when it is increased after activity.

Also, the above medicine would help to encourage activity if the patient knows she can obtain relief with meds. Therefore, the UR is wrong in denying this medicine.

**1 referral to neurologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310.

**Decision rationale:** Surgical referral for radiculopathy should be considered after 3 months of conservative treatment and should be in a patient with severe and disabling symptoms not responsive to conservative treatment. There should be clear-cut correlation with radicular symptoms to imaging, electrophysiological testing, and objective and subjective clinical symptoms. The patient should be restricted in his activity and severely impacted by his pathology. Prior to surgery, he should have extensive counseling as to what he should expect and the rehab process. He should also undergo psychological counseling. In the above patient we note that he just had a surgical procedure. At this point, his rehab and questions should be addressed by the operating surgeon instead of seeking a new consultation with a neurologist. Therefore the decision by the UR is justified.