

<b>Case Number:</b>	CM14-0191376		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	02/03/2000
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 3, 2000. Thus far, the applicant has been treated with the following: Analgesic medications, earlier lumbar laminectomy surgery; opioid therapy; a spinal cord stimulator implantation; and extensive periods of time off of work. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve a request for Percocet. The claims administrator cited a September 16, 2014 progress note in its denial. The claims administrator suggested that the applicant had alleged development of low back pain secondary to cumulative trauma at work. In a September 16, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that his medications were working well. The applicant stated that the combination of a spinal cord stimulator and pain medications were ameliorating his ability to perform home exercises, including walking up to three miles a day. The attending provider stated that the applicant's pain levels had been reduced to 3 to 5/10 with ongoing medication consumption. The applicant had undergone three prior lumbar spine surgeries, it was stated. It was stated that other opioids such as Norco and Nucynta had been previously tried and failed. The applicant was asked to employ Percocet for moderate-to-severe pain, which the applicant is apparently using at a rate of two and a half tablets daily. The applicant stated that his sitting, standing, and walking tolerance were all ameliorated with medications. The applicant stated that he was able to perform regular exercises. The applicant was also given refills of Ambien, Lodine, and Lidoderm. Permanent work restrictions were renewed. The applicant was not working, either as a result of the permanent limitations or as a result age (68), it was acknowledged. On August 19, 2014, the applicant again reported 3/10 pain with medications versus 8/10 pain without medications. The applicant apparently had recently traveled to Portland, Oregon, and was able

tolerate the same. The applicant's BMI was 33. The applicant was using Lidoderm, Lodine, Ambien, and Percocet, it was acknowledged. The attending provider again posited the applicant's ability to perform home exercises on a regular basis; standing, walking, and sitting had all been ameliorated due to ongoing medication consumption. Multiple medications, including Percocet, Ambien, Lodine, and Lidoderm were refilled while permanent work restrictions were renewed.

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

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

**Percocet 10/325mg tab #90, 1 tab po TID prn:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant has failed to return to work, ongoing medication consumption, including ongoing Percocet consumption, has diminished the applicant's pain scores from 8/10 without medications to 3/10 with medications, it was suggested on a progress note of late 2014, referenced above. The applicant's ability to perform home exercises, walk up to three miles a days, standing tolerance, sitting tolerance, etc., have all been reportedly ameliorated as a result of ongoing medication consumption, including ongoing Percocet consumption. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.