

<b>Case Number:</b>	CM14-0198073		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/10/1988
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 67 year old female with an injury date on 08/10/1988. Based on the 10/06/2014 progress report provided by the treating physician, the diagnoses are: 1. Chronic pain syndrome 2. Osteoarthritis localized prim lower leg 3. Disc degeneration lumbar lumbosacral 4. Disc disorder lumbar region According to this report, the patient complains of chronic pain. Exam findings show "moderate generalized tenderness in the lumbar area, moderate generalized tenderness in the sacral, coccygeal and pelvic area. Movement moderately restricted in all directions." The patient's work status was not mentioned. The treatment plan is to continue with the medication and return in one month. The patient's past treatment consist of medications and UDS but not injection, PT, chiropractic or surgery. There were no other significant findings noted on this report. The utilization review denied the request for (1) Kadian 100 mg #240 (4 capsules 2x daily) and (2) Percocet 10/325 mg #120 (1, 4x daily prn) on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/16/2014 to 10/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 100mg #240:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

**Decision rationale:** According to the 10/06/2014 report, this patient presents with chronic pain. The current request is for Kadian 100 mg #240 (4 capsules 2x daily). This medication was first mentioned in the 06/16/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician mentions the patient has "pain at the level of an 8/10 with the use of her medicine. She is able to function with appropriate medicine use. She is able to get down to a 3/10 after she takes her medicine in the morning. She has average pain of 5-6/10. After five o clock at night it can elevate to 8/10. She has to use ice and Lidoderm patches. It can take 30 minutes for pain relief. She can get 10 hours of pain relief when she takes her medicine depending on activity. She has increased function in terms of being able to walk her dog, and she can leave the house to have a social event. She is showing fair analgesia with no negative side effects, no aberrant drug taking behaviors and her urine testing is consistent." In this case, treating physician has provided proper documentation of the four A's as required by the MTUS guidelines. The request is medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

**Decision rationale:** According to the 10/06/2014 report, this patient presents with chronic pain. The current request is for Percocet 10/325 mg #120 (1, 4x daily prn). This medication was first mentioned in the 06/16/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician mentions the patient has "pain at the level of an 8/10 with the use of her medicine. She is able to function with appropriate medicine use. She is able to get down to a 3/10 after she takes her medicine in the morning. She has average pain of 5-6/10. After five o clock at night it can elevate to 8/10. She has to use ice and Lidoderm patches. It can take 30 minutes for pain relief. She can get 10 hours of pain relief when she takes her medicine depending on activity. She has increased function in terms of being able to walk her dog, and she can leave the house to have a social event. She is showing fair analgesia with no negative side effects, no aberrant drug taking behaviors and her

urine testing is consistent." In this case, treating physician has provided proper documentation of the four A's as required by the MTUS guidelines. The request is medically necessary.