

<b>Case Number:</b>	CM14-0206035		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 57-year-old male with an injury date of 12/20/2010. Based on the 10/09/2014 progress report, the patient complains of having low back pain and right knee pain. He has swelling and pain in his knees which limits his ability to walk and ride the exercise bike. His low back pain extends down into the right lower extremity. The patient rates his pain as a 9/10 without medications and a 5/10 with medications. He also has anxiety and depression due to his inability to find gainful employment. The 10/16/2014 report indicates that the patient has psychiatric problem which is accompanied with chronic pain. The patient has hypertension, cardiac disease, and gastrointestinal problems. No additional positive exam findings were provided on this report. The 11/13/2014 report states that the patient has increased low back pain which creates problems for him sleeping. There is chronic tightness in the region and the tightness has increased to the point of near constant spasm over the past week. There is significant myofascial pain and tightness in the lumbar paraspinal musculature with acute muscle spasm. There is also significant trigger point activity noted in the lower right lumbar region with well circumscribed myofascial trigger points and jump response associated with palpation. The patient has a positive Kemp's test bilaterally, discomfort into the right SI joint, and tenderness at the sciatic notch. In regards to the right knee, there is swelling of the right knee with limited range of motion. On 08/08/2014, the patient underwent a trigger point injection of the lumbar paraspinal musculature. The patient's diagnoses include the following: 1. Postsurgical lumbar syndrome of August 22, 2013. 2. Back pain with muscle spasms. 3. Migraine headaches. 4. Right knee pain. The utilization review determination being challenged is dated 12/02/2014. Treatment reports were provided from 06/12/2014 - 12/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg; 1 every 4-6HR quantity 135:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain and knee pain. The request is for Percocet 10/325: 1 every 4-6 hr. quantity 135. The utilization review denial rationale is that "this patient continues to use opioids 4 years after his injury without return to work or other documented functional improvement." The patient has been taking Percocet as early as 06/12/2014. The MTUS Guidelines page 88 through 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 07/10/2014 report states, current medication including Percocet 10/325 up to 5 times per day significantly reduces his discomfort and allows him to continue his functional activities and physical therapy program. Regarding Percocet, the 08/08/2014 report states that the patient "has been reduced from previous 180 down to 135 per month. He states he struggles with keeping it at this level." The 10/09/2014 report states that the patient had an opiate agreement reviewed in the office on 10/09/2014. "The patient states his pain is 9+/10, with medication does reduce to 5/10. The medications do allow him to perform daily activities of living. He has also been able to walk up to 15 to 20 minutes with the medication, sit for 30 to 40 minutes, and stand up to 30 minutes: However, with the recent right knee pain, he has been able to walk less distances. He is able to perform light house chores such as washing the dishes, cooking, and cleaning lightly: However, he is unable to perform activities such as yard work and exercise bike, which he was previously able to do prior to the flare-up of the right knee. There are no significant side effects of the medication." The patient had a urine drug screen on 09/09/2014 which proved to be consistent with medications only prescribed by the office. The 11/13/2014 report states that "Department of Justice CURES report found to be consistent with medications prescribed." In this case, all 4 A's were clearly addressed. The patient has pain relief with the use of Percocet. The physician documents specific ADLs which demonstrate medication efficacy. The patient does not have any adverse behaviors or side effects. The patient has signed a CURES report, as indicated on the 11/13/2014 report. The patient had a UDS on 09/09/2014 which was consistent with the medications he was prescribed. The treating physician has documented the minimum requirements that are outlined in the MTUS for continued opiate use. The requested Percocet is medically necessary.

**Senokot S; 1 once a day quantity: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

**Decision rationale:** The patient presents with lower back pain and knee pain. The request is for Senokot 1 once a day quantity: 60 for opiate-induced constipation. The utilization review denial rationale is that "this patient continues to use opioids 4 years after injury. However, opioids for the patient are denied with this review."The MTUS guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated. The patient started taking Senokot on 08/08/2014. The patient is currently also on Percocet, Neurontin, Zanaflex. The 07/10/2014 report states "Senokot has been adequate for control opiate-induced constipation." It appears the Senokot is helping the patient. Therefore, the request for Senokot is medically necessary.