

<b>Case Number:</b>	CM14-0206428		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	01/19/1996
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 65 year old female with an injury date on 1/19/96. The patient complains of persistent low lumbar pain and left hip pain per 11/13/14 report. The patient had an epidural steroid injection on 10/22/14 that decreased low back/left hip pain by 50%, and while the hip pain is still improved, the back pain has returned to baseline per 11/13/14 report. The patient's Percocet and Norco have been modified to #54 through the month, which is a 6 tablet (10% decrease) per 10/14/14 report. The patient takes Norco during the day as it's less sedating, and Percocet at night when she is at home and able to handle the sedation per 11/13/14 report. Based on the 11/13/14 progress report provided by the treating physician, the diagnoses are: 1. s/p lumbar laminectomy and discectomy at L4-5 and L5-S12. multilevel lumbar disc protrusion, spondylosis, and central/foraminal stenosis 3. lower back pain consistent with facet arthropathy and facet syndrome 4. right trochanteric bursitis 5. left trochanteric bursitis A physical exam on 11/13/14 showed "straight leg raise positive." The 5/27/14 report showed L-spine range of motion is reduced to 10 degrees at extension. The patient's treatment history includes medications, epidural steroid injection, home exercise program, urine drug screen. The treating physician is requesting 1 prescription of percocet 5/325 #54. The utilization review determination being challenged is dated 12/2/14. The requesting physician provided treatment reports from 2/11/14 to 11/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Percocet 5/325 #54:** Overturned

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

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

**Decision rationale:** This patient presents with lower back pain, left hip pain. The treating physician has asked for 1 Prescription of Percocet 5/325 #54 on 11/13/14. The patient has been taking percocet since 2/11/14. For chronic opioids use, MTUS Guidelines pages 88 and 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." MTUS page 78 also requires documentation of the 4As (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. In this case, the treating physician indicates a decrease in pain with current medications which include Percocet, stating "medication [unspecified] reduces her pain from high of 9/10 down to 4-5/10" per 11/13/14 report. But there are documentation of improved ADL's with chores around the house, driving to the store, caring for handicapped son per 11/13/14 report. Urine toxicology has been asked for and a recent urine drug screen on 8/7/14 showed consistent with medications prescribed. Side effects are discussed and managed. Given the documentation of the four A's, and the patient's chronic pain condition from failed back, the request is medically necessary.