

<b>Case Number:</b>	CM15-0000590		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old male who sustained an industrial related injury on 11/20/06. Many of the medical records are handwritten and illegible. A physician's report dated 6/2/14 noted the injured worker had complaints of lower back pain. The injured worker was taking Vimovo, Ultram, and Flexeril. It was noted a pelvic computed tomography scan revealed bilateral sacroiliac joint arthritis. Physical examination findings included restricted lumbar range of motion and spinous process tenderness at L4-L5. Lumbar facet loading was positive bilaterally. Faber's test was positive. Tenderness was noted over the sacroiliac spine. Diagnoses were noted to be sacroilitis, low back pain syndrome, lumbar/ thoracic rad., lumbar spondylosis without myelopathy, lumbar disc degeneration, lumbar disc hem. without myelopathy, lumbar stenosis, cervical spondylosis, and cervical facet arthropathy. On 1/2/15 the treating physician requested authorization for Percocet 10/325mg #30. On 12/11/14 the request for Percocet 10/325mg #30 was non-certified. The utilization review (UR) physician cited the Chronic Pain Medical Treatment Guidelines and noted the documentation provided does not identify measurable analgesic benefit with the use of opioids. There was also no documentation of functional/vocational benefit with ongoing use. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a frameworkThe patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics.