

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0007973 |                              |            |
| <b>Date Assigned:</b> | 01/23/2015   | <b>Date of Injury:</b>       | 01/19/2012 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/14/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This injured worker is a 47 year old female, who sustained an industrial injury on January 19, 2012. The injured worker has reported neck and back pain. The diagnoses have included a lumbar two Asia D spinal cord injury, status post lumbar two fracture, status post thoracic twelve-lumbar four level fusion, chronic right sacral one radiculopathy and right ischial gluteal bursitis. Treatment to date has included pain medication, diagnostic testing, status post spinal fusion, a home exercise program, self-directed pool therapy and physical therapy. Current documentation dated October 28, 2014 notes that the injured worker had ongoing pain and spasm in her right lower back and buttock. She also reported worsening right-sided shoulder pain and neck symptoms. Her left-sided symptoms resolved with physical therapy. Physical examination revealed limited cervical range of motion. Full range of motion was noted in the bilateral I shoulders. She had minimal tenderness along the subacromial bursa, insertion of her supraspinatus and biceps tendon. On December 29, 2014 Utilization Review non-certified a request for Percocet 5/325 mg # 30. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of Percocet 5/325 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 3/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation concluded that the worker was suffering from a spinal cord injury with neurogenic bowel and bladder, a right S1 radiculopathy, and right ischial bursitis. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for thirty tablets of Percocet (oxycodone with acetaminophen) 5/325mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.