

<b>Case Number:</b>	CM15-0102578		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 a 55 year old male who sustained an industrial injury on 07/06/2009. Treatment provided to date has included: medications and lumbar injections (2). Diagnostic tests performed include: MRI of the lumbar spine (08/21/2014) showing no significant change with continued mild spinal stenosis at L2-3 and L4-5, mild bilateral neural foraminal stenosis at L2-4 and mild to moderate bilateral neural foraminal stenosis at L4-S1. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/13/2015, physician progress report noted complaints of thoracolumbar pain and spasms. Pain is rated as 4-5/10 (0-10) with medications and 7-8/10 without medications. It was noted that the injured worker had been titrated off his Nucynta ER and had decreased the amount of Percocet he was taking from 60 per month to 45 per month. A bilateral S1 selective epidural steroid injection was given on 05/05/2015 which provided about 50% pain reduction. It was also noted that the injured worker had been approved and scheduled for a fusion at L2-3 with a possible laminectomy/discectomy at the lower level. The physical exam revealed reduced sensation in the bilateral L5-S1 dermatome, trigger point tenderness over the L2-3 paraspinal muscles, pain with lumbar flexion and extension, and positive straight leg raises. The injured worker's current medications include Flexeril, Percocet, Anaprox, Vascepa, Nizoral cream, Prilosec, Voltaren gel, a Lidocaine compound cream, and Lunesta. The provider noted diagnoses of lumbar degenerative disc disease, lumbar radiculitis, myalgia, dysthymic disorder, anxiety, chronic pain syndrome, and thoracic degenerative disc disease. Plan of care includes continued medications (including Percocet). Requested treatments include Percocet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10mg tablets qty: 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10mg # 45 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; lumbar radiculitis; myalgia; dysthymic disorder; anxiety; chronic pain syndrome; and thoracic DDD. The date of injury is July 6, 2009. The earliest progress note that shows Percocet prescribed was January 7, 2015. The pain score was 4-5/10 with medications. The most recent progress note in the medical record is dated May 13, 2015. The pain score remains at 4-5/10. There is no documentation documenting objective functional improvement. The documentation indicates the treating provider tapered Nucynta and reduced Percocet. Despite the reduction, the injured worker continues to complain of subjective discomfort (unchanged pain score) with no evidence of objective functional improvement. There are no detailed pain assessments in the medical record. There are no risk assessments and medical record. Consequently, absent clinical documentation with evidence of objective functional improvement to support ongoing Percocet 10mg, Percocet 10mg # 45 is not medically necessary.