

<b>Case Number:</b>	CM15-0138875		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/25/1989
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68-year-old male who sustained an industrial injury on 1-25-89. In a progress note dated 5-21-15, the treating physician reports the injured worker is satisfied with current medication-treatment, has no medication side effects and compliance is excellent. He complains of pain, which is constant with a current pain level rated at 3 out of 10. His pain interferes with his general activity, mood, sleep enjoyment of life, ability to concentrate, and relationships with others. Current medications are Mobic, Valium, Oxycontin, and Percocet. The assessment is pain in low back, displacement of lumbar disc, post-laminectomy syndrome, radiculopathy, and anxiety. The back is noted to have limited range of motion. It is noted he has chronic pain and that he does have breakthrough pain, he benefits from narcotic medications, and pain status is controlled and that he is not interested in weaning off narcotics. Work status is noted as permanently off work. A urine drug screen was done 5-21-15. The requested treatment is Percocet 5-325mg #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with pain in the lumbar spine. The request is for PERCOCET 5/325 MG #240. Per 04/23/15 progress report, patient's diagnosis include post laminectomy syndrome, lumbar disc disorder, radiculopathy, unsp HTN, gout unsp, gastritis secondary to meds, DM II uncomplicated, pure hypercholesterolemia, and lumbago. Patient's medications, per 05/21/15 progress report include Mobic, Metrocream, Nizoral, Valium, Oxycontin, and Percocet. Per 05/21/15 progress report, patient is to remain off work permanently. MTUS Guidelines, pages 88 and 89, CRITERIA FOR USE OF OPIOIDS section 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. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater has not specifically addressed this request. Review of the medical records provided indicates that Percocet has been included in patient's prescriptions from 11/16/14 and 05/21/15. In this case, treater has not discussed how Percocet significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, no UDS reports, etc. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.