

<b>Case Number:</b>	CM15-0145219		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/29/2002
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 60 year old female who sustained an industrial injury on June 29, 2002. The mechanism of injury was a slip and fall in which the injured worker landed on her back and struck her head. The injured worker has been treated for low back complaints. The diagnoses have included chronic pain, lumbago, lumbosacral spondylosis, unspecified myalgia-myositis, pain in the joint of the pelvis-thigh, sleep disorder due to pain and post back surgery syndrome. Documented treatment and evaluation to date has included medications and a lumbar discectomy. The injured worker was currently not working. Current documentation dated June 2, 2015 notes that the injured worker reported more severe bilateral low back pain with radiation down to the left knee. The injured worker also noted back spasms. The pain was rated a 7 out of 10 on the visual analogue scale with medication. Objective findings noted that the injured worker was post-surgical with continued severe low back pain. The injured worker was unable to ambulate without support and tired easily. The treating physician's plan of care included a request for Percocet 10-325 mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**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:** Based on the 6/2/15 progress report provided by the treating physician, this patient presents with increased pain on bilateral lumbar spine traveling down to left knee with spasms, pain rated 7/10 on VAS scale. The treater has asked for Percocet 10/325 mg Qty 120 on 6/2/15. The patient's diagnosis per Request for Authorization form dated 6/25/15 is severe low back pain, and numbness/weakness. The patient is taking her meds with slight benefits per 6/2/15 report. The patient is s/p lumbar surgery at L5 due to a 5mm bulge in 2013 per 4/20/15 report. Patient is unable to ambulate without support, and is taking multiple medications currently including lyrics, lamotrigine, percocet, clonazopan, zantac, and flexeril per 6/2/15 report. The patient's work status is not included in reports dated 12/2/14 to 6/2/15. MTUS Guidelines Criteria For Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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 framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. The treater does not discuss this request in the reports provided. The request is for Percocet with patient has been taking since 12/2/14 report. MTUS requires appropriate discussion of all the 4A's; however, other than a general statement that "she is taking medication as directed with benefit". In 12/2/14 report, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. No UDS, No CURES, and no opioid contract are provided in reports. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request is not medically necessary.