

<b>Case Number:</b>	CM15-0163588		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/03/1984
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 63-year-old male who sustained an industrial injury on 04-03-1984. Diagnoses include post-laminectomy syndrome, lumbar region; long term use of medications; disorders of the sacrum; chronic pain syndrome and opioid tolerance. Treatment to date has included medications, physical therapy, spinal fusions and revision, TENS and home exercise. He had psychotherapy for chronic pain, as well. According to the visit note dated 7-14-2015, the IW (injured worker) reported ongoing chronic lower back pain with improved pain and function with Morphine sulfate ER and Percocet. He reported improved tolerance of sitting and standing with his current medications. On examination, he was cooperative, conversant and showed no signs of sedation. He was using his supplemental oxygen. Range of motion of the lumbar spine was grossly limited. His gait was slightly antalgic, but no assistive device was needed. His medications included Senna S, Morphine sulfate CR, Percocet, Baclofen and Gabapentin. The notes indicated the CURES report was consistent with opioid prescriptions from one provider only. A request was made for one prescription of Percocet 10-325mg, #120 for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Oxycodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 1994 and is being treated for chronic low back pain including a diagnosis of post laminectomy syndrome. He has a history of lumbar spine surgery in 1984, 1991, and 2005. Medications are referenced as providing overall improved function with improved sitting and standing tolerance. When seen, he had limited lumbar spine range of motion with a mildly antalgic gait. His past medical history includes COPD and he required supplemental oxygen. Medications were refilled. Sustained release morphine and Percocet were being prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is twice that recommended. There are no unique features of this case that would support dosing at this level, and attempts at weaning of the currently prescribed medications are not being actively done. There is no documentation that this medication is providing decreased pain through reported VAS scores or specific examples of how it is providing an increased level of function or improved quality of life. Ongoing prescribing of Percocet is not medically necessary.