

<b>Case Number:</b>	CM15-0165976		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	05/01/2000
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on 05-01-2000. She has reported injury to the low back and left knee. The diagnoses have included low back pain; left knee pain; peripheral neuropathy; and other anxiety states. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, injections, cognitive behavioral therapy, aquatic therapy, and physical therapy. Medications have included Percocet, Oxycontin, Soma, Lexapro, Xanax, Colace, and Thermacare Patch. A progress report from the treating physician, dated 06-15-2015, documented an evaluation with the injured worker. The injured worker reported mid lumbosacral pain that is constant; it is described as sharp, dull, and electrical; it is worsened by prolonged sitting, standing, and walking; left posterior buttock pain; thigh and calf pain that is intermittent; the pain is described as 8 out of 10 in intensity today; foot pain; bilateral plantar pain, sensitivity, and hyperesthesia, greater on the left than the right; left knee pain that is constant and worse with weight bearing; her medication regimen continues to help relieve her pain and maintain improved function; she is using long-acting Oxycontin twice a day; she is using Percocet up to six a day, giving her 30% reduction in pain and lasting for three to four hours; and she is using Thermacare patches to the low back and they allow her to be more comfortable with activity. Objective findings included she is oriented times three; normal mood; slightly anxious; appropriate affect; no sedation noted; cranial nerves 1-12 are grossly intact; and she uses a one-point cane to ambulate. The treatment plan has included the request for 155 Percocet 10-325mg; and 60 Thermacare patches with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**155 Percocet 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 nonadherent) 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) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of Opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for

significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**60 Thermacare patches with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** The ACOEM chapter on low back pain and physical treatment methods states: Adjustment or modification of workstation, job tasks, or work hours and method, Stretching, specific low back exercises for range of motion and strengthening, At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold, Relaxation techniques, Aerobic exercise, 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening While heat application is recommended, the need for thermacare patches versus local heat application with a heating pack is not established and the request is not medically necessary.