

<b>Case Number:</b>	CM15-0184017		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/17/1992
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

The injured worker is a 77 year old female, who sustained an industrial injury on 12-17-1992. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for failed back surgery syndrome with intractable low back pain, lumbar radiculopathy, insomnia, and situational stress. Medical records (04-02-2015 to 09-03-2015) indicate ongoing and worsening low back pain and lower extremity pain. Per the progress note (09-03-2015), low back pain level was rated 10 out of 10 on a visual analog scale (VAS). Records also indicate decreased activity levels and level of functioning. Per the treating physician's progress report (PR), the IW is disabled. The physical exam, dated 09-03-2015, revealed a depressed affect, and low back pain (described as feeling like a knife). Relevant treatments have included physical therapy (PT), aquatic exercises, work restrictions, and pain medications. Current medications include OxyContin, which has been prescribed since at least 01-2015; Percocet since at least 02-2014; and Lyrica for several months. The treatment plan (09-03-2015) states that the IW's pain is now increased and not controlled by her usual medications. There were no changes from previous report (06-29-2015). The treating physician indicates that urine drug testing and CURES report are consistent with current therapy, and that there has been no adverse side effect of medications. The request for authorization (09-03-2015) shows that the following medication was requested: Percocet 10-325 #150. The original utilization review (09-09-2015) partially approved the request for Percocet 10-325 #150 (modified to #54) for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury in December 1992 and is being treated for low back pain with lower extremity radicular symptoms with a diagnosis of failed back surgery syndrome. When seen, pain was rated at 10+/10 although a pain level of 5/10 is also documented. She was having difficulty with activities of daily living and performing an exercise program. Physical examination findings included a BMI of 33.7. Authorization for home housekeeping services and additional evaluation to assess for disease progression were requested. OxyContin and Percocet were refilled at a total MED (morphine equivalent dose) of 210 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 more than 1.5 times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.