

<b>Case Number:</b>	CM15-0185212		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/01/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 male who sustained an industrial injury October 1, 2003. Past history included status post removal of spinal cord stimulator May 2014, status post right total knee arthroplasty 2008, status post removal of hardware lumbar spine September 2011, status post posterior tibial tendon transfer and posterior capsule release December 2014, status post spinal cord stimulator with IPG (implantable pulse generator) implant trial and implant, same time March 2014, and status post L3 through S1 fusion. A primary treating physician's office visit dated July 17, 2015, found the injured workers neck pain improved from a 5 out of 10 to a 3 out of 10 and lower back pain from a 6 out of 10 to a 4 out of 10 with current medication which included; Oxycontin and Percocet. According to a primary treating physician's progress report dated August 14, 2015, the injured worker presented for follow-up evaluation. He complains of continued neck pain, which radiates down the right upper extremity to the elbow with associated numbness, rated a 5 out of 10 without the use of medication and a 4 out of 10 with medication. He reports continued lower back pain which radiates down the bilateral lower extremities, worse on the right than left and rated 7 out of 10 without medication and 5 out of 10 with medication. He also reports continued right foot pain, rated 6 out of 10 without medication and 4 out of 10 with medication. He reports difficulty with dressing and bathing but medication does not help. He has difficulty with grooming, toileting, walking, climbing stairs, shopping, cooking, housework and laundry that medication does provide relief to perform. Current medication included Oxycontin, Percocet, Lyrica, and Lisinopril. Physical examination revealed; stands with a 10 degree forward craning posture and walks with a mild antalgic gait; palpable tenderness of the paravertebral muscles, bilaterally; sensory intact in the bilateral lower extremities. The physician documented a 4 view x-ray of the lumbar spine dated July 17, 2015, impression as;

unchanged stable appearing anterior metallic vertebral body fixation and interbody disc spacers L3-S1; new 3mm degenerative retrolisthesis with moderate disc space narrowing L2 on L3. The physician documented the injured worker is maintaining his function on the current pain medication schedule and weaned to the lowest possible dose. He is compliant with medications and usage. At issue, is a request for authorization dated August 14, 2015 for Percocet and Oxycontin. An extensive report-multi-detector CT of the lumbar spine without contrast including 3D reconstructions dated August 13, 2015, is present in the medical record. According to utilization review dated August 24, 2015, the request for Percocet 10-325mg #180 was modified to Percocet 10-325mg #90. The request for Oxycontin 40mg #90 was modified to Oxycontin 40mg #45.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percocet 10/325mg #180: Overturned**

**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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 08/14/15 with neck pain which radiates into the right upper extremity, lower back pain which radiates into the bilateral lower extremities, and right foot pain. The patient's date of injury is 10/01/03. Patient is status post right knee arthroplasty in 2008, status post spinal cord stimulator implantation and subsequent removal, status post L3 through S1 fusion, status post posterior tibial tendon transfer and posterior capsule release in December 2014. The request is for Percocet 10/325mg #180. The RFA is dated 08/14/15. Physical examination dated 08/14/15 reveals tenderness to palpation of the lumbar paravertebral musculature, a well healed lumbar incision, and the provider notes that the patient presents with an antalgic gait with a forward craning posture. The patient is currently prescribed Oxycontin, Percocet, Lyrica, and Lisinopril. Patient is currently classified as temporarily totally disabled through 09/25/15. MTUS, Criteria for use of Opioids Section, pages 88 and 89 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Percocet for the management of this patient's chronic pain, the request is appropriate. Progress note dated 08/14/15 notes that this patient's medications reduce his lower back pain from 7/10 to 5/10. Addressing function, the provider includes multiple activity-specific functional improvements. There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors in the most recent progress note. Utilization

review non-certified this request on grounds that "there was no documentation of need for a higher dose", however this patient's medications are unchanged from previous encounters. The documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's documentation as required by MTUS, continuation of narcotic medications is substantiated. The request is medically necessary.

**Oxycontin 40mg #90:** Overturned

**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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 08/14/15 with neck pain which radiates into the right upper extremity, lower back pain which radiates into the bilateral lower extremities, and right foot pain. The patient's date of injury is 10/01/03. Patient is status post right knee arthroplasty in 2008, status post spinal cord stimulator implantation and subsequent removal, status post L3 through S1 fusion, status post posterior tibial tendon transfer and posterior capsule release in December 2014. The request is for Oxycontin 40mg #90. The RFA is dated 08/14/15. Physical examination dated 08/14/15 reveals tenderness to palpation of the lumbar paravertebral musculature, a well healed lumbar incision, and the provider notes that the patient presents with an antalgic gait with a forward craning posture. The patient is currently prescribed Oxycontin, Percocet, Lyrica, and Lisinopril. Patient is currently classified as temporarily totally disabled through 09/25/15. MTUS, Criteria for use of Opioids Section, pages 88 and 89 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Oxycontin for the management of this patient's chronic pain, the request is appropriate. Progress note dated 08/14/15 notes that this patient's medications reduce his lower back pain from 7/10 to 5/10. Addressing function, the provider includes multiple activity-specific functional improvements, such as the ability to dress, do laundry, complete housework, and cooking. There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors in the most recent progress note. Utilization review non-certified this request on grounds that "there was no documentation of need for a higher dose", however this patient's medications are unchanged from previous encounters. The documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's documentation as required by MTUS, continuation of narcotic medications is substantiated. The request is medically necessary.