

<b>Case Number:</b>	CM15-0185737		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/18/1987
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/28/2015
<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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 72 year old female, who sustained an industrial-work injury on 2-18-87. A review of the medical records indicates that the injured worker is undergoing treatment for reflex sympathetic dystrophy, chronic intractable pain syndrome, lumbar radiculopathy, and post laminectomy syndrome. Medical records dated (5-4-15 to 7-15-15) indicate that the injured worker complains of a history of ongoing back and leg pain and bilateral lower extremity Reflex sympathetic dystrophy syndrome with burning pain, needles, numbness, throbbing and cramping. The previous pain is rated 6 out of 10 on the pain scale on a good day, the current pain is rated 6- 7 out of 10 on a good day, the previous pain is rated 9 out of 10 on a bad day and the current pain rating is rated 9-10 out of 10 on a bad day. The injured worker reports activities, cold weather, stress and loud noise increase the pain and heat, and rest, lying down, and quiet and medication alleviate the pain. The injured worker reports sweats, constipation, depression, anxiety and cold intolerance. The injured worker reports that medication allows her to complete her activities of daily living (ADL) and home chores. She also reports that she continues to have improvement in symptoms. Per the treating physician report dated 7-15-15 the work status is permanent and stationary. The physical exam dated 7-15-15 reveals that there is lumbar tenderness to palpation, decreased lumbar range of motion, positive straight leg raise bilaterally, and heel toe walking is abnormal. There is weakness noted and antalgic gait and right ankle foot orthosis is noted. There is right lower extremity (RLE) chronic foot drop noted. There is hyperalgesia and allodynia in the bilateral lower extremities (BLE) and feet. There is skin hypersensitivity at the knees and plantar surfaces of feet. The right foot exam reveals moderate tenderness and intermittent swelling. There is frequent aching and pain in the ankle and leg and

atrophy of the right lower extremity (RLE) leg muscles. Treatment to date has included pain medication, Lidocaine topical analgesic, Percocet since at least 8-13-14, lumbar surgery November 1992, pain management, physical therapy, injections, home exercise program (HEP) and other modalities. There is no urine drug screen noted. The physician indicates that there is pain management agreement on file. The requested service included Percocet 5-325mg #240 (DOS 8-17-15). The original Utilization review dated 8-28-15 non-certified the request.

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

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

**Percocet 5/325mg #240 (DOS 8/17/15): 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, specific drug list.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/15/15. Therefore, the request is not medically necessary and the determination is for non-certification.