

<b>Case Number:</b>	CM15-0195244		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/11/1999
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 11, 1999. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve requests for Percocet and Lorzone. The claims administrator referenced a September 28, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 29, 2015, additional acupuncture was sought. On an associated progress note dated September 28, 2015, the applicant reported ongoing complaints of neck pain. The applicant had completed 6 recent acupuncture treatments. The applicant reported 7-8/10 pain complaints, it was stated in one section of the noted, despite ongoing medication consumption. Activities of daily living as basic as lying down were painful. In another section of the note, the attending provider stated that the applicant was walking his dog on a regular basis. In another section of the note, the attending provider stated that the applicant had fallen owing to issues with his imbalance. The applicant's review of systems was notable for anxiety, heartburn, lack of energy, and insomnia. The applicant was using Soma and Percocet, it was reported. The applicant was using a cane in the clinic, it was reported. Both Percocet and Lorzone were renewed while additional acupuncture was sought. The applicant's work and functional status were not detailed, although it did not appear that the applicant was working. The applicant's work status was likewise not clearly detailed on a September 8, 2015 Doctor's First Report (DFR). The applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. Acupuncture was endorsed. On a progress note

dated August 3, 2015, the applicant reported average pain scores of 8.5/10, despite ongoing medication consumption. The attending provider stated that the applicant was deriving appropriate analgesia from Percocet and suggested that the applicant's ability to use the pool in unspecified amounts had been ameliorated as a result of ongoing Percocet usage. The applicant was again described as using a cane on this occasion. The applicant was given refills of Percocet and Lorzone, it was reported. The applicant was also using Soma, it was acknowledged.

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

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

#### **Percocet 5/325 mg Qty 240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation DEA Control & Enforcement, subchapter 1, part C, Registration, Distributors and Dispensers of Controlled Substances - Prescriptions.

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

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on office visits of August 3, 2015 and September 28, 2015, suggesting that the applicant was not, in fact, working. The applicant was using a cane to move about on those dates. Average pain scores of 8.5/10 were reported on August 3, 2015. An average pain score of 8/10 was reported on September 28, 2015. While the attending provider did recount a reduction in pain scores with ongoing Percocet usage, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to clearly recount the applicant's work status, the fact that the applicant was still using a cane as of the September 28, 2015 office visit at issue, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. The attending provider's commentary to the effect that the applicant's ability to walk his dog as a result of ongoing medication consumption did not constitute evidence of a substantive improvement derived as a result of ongoing Percocet usage and was, as noted previously, outweighed by the attending provider's failure to recount the applicant's work status. Therefore, the request was not medically necessary.

#### **Lorzone 750 mg Qty 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Similarly, the request for Lorzone, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as a second-line option to ameliorate acute exacerbations of chronic low back pain, here, however, the 180-tablet supply of Lorzone at issue represented chronic, long-term, and/or thrice daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.