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| <b>Case Number:</b>   | CM15-0201259 |                              |            |
| <b>Date Assigned:</b> | 10/16/2015   | <b>Date of Injury:</b>       | 06/13/2008 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2015 |

### 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 49 year old male who sustained an industrial injury on 6-13-08. The injured worker reported pain in the low back and leg. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar degenerative disc disease and radiculitis, chronic pain syndrome. Medical records dated 8-18-15 indicate pain rated at 7 out of 10. Provider documentation dated 8-18-15 noted the work status as permanent and stationary. Treatment has included Fentanyl patches since at least March of 2015, Percocet since at least March of 2015, Lyrica since at least March of 2015. Objective findings dated 9-15-15 were notable for "altered sensation in his anterior poster left thigh." positive left straight leg raise, tenderness to lumbar paraspinal with decreased range of motion to lumbar spine. The treating physician indicates that the urine drug testing result (3-16-15) showed no aberration. The original utilization review (9-22-15) denied a request for Percocet 10-325mg 1 po bid prn pain #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325mg 1 po bid prn pain #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." 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, return to work, or increase in activity from the exam note of 8/18/15. Therefore the determination is not medically necessary.