

<b>Case Number:</b>	CM15-0202011		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/03/2003
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<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, District of Columbia,  
Maryland Certification(s)/Specialty: Anesthesiology, 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:

This is a 53 year old male who sustained an industrial injury on 2-3-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbalgia. According to the progress report dated 9-23-2015, the injured worker complained of cervical pain. He reported numbness and tingling in his right arm. He also complained of headaches. He rated his pain as 4 out of 10, which was decreased from 5 out of 10 on 8-26-2015 and 5-6 out of 10 on 7-29-2015. He complained of back pain and stiffness with pain shooting down both legs. The injured worker reported (9-23-2015) 90% improvement in pain with medications. Objective findings (9-23-2015) revealed the injured worker had difficulty walking, sitting and standing. He exhibited little spontaneous motion of the cervical and lumbar regions. Treatment has included surgery, physical therapy, sacroiliac joint injection (8-11-2015) and medications. Current medications (9-23-2015) included Percocet (since at least 3-24-2015), Sonata, Prilosec, Nortriptyline and Ibuprofen. The treating physician indicates (9-23-2015) that the urine drug testing result (4-28-2015) was within normal limits. The request for authorization was dated 9-23-2015. The original Utilization Review (UR) (10-2-2015) denied a request for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet tab 10-325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of percocet or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 9/11/15 was positive for oxycodone, which was noted to be inconsistent with prescribed medications. As MTUS recommends to discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.