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| <b>Case Number:</b>   | CM15-0202866 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 04/04/2000 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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(n) 59 year old female, who sustained an industrial injury on 4-4-00. The injured worker was diagnosed as having post lumbar laminectomy syndrome with sciatic radiculopathy and bilateral sacroiliitis. Subjective findings (3-30-15, 4-27-15, 6-25-15 and 8-4-15) indicated constant low back pain. The injured worker rated her pain 5 out of 10 with medications. Objective findings (3-30-15, 4-27-15, 6-25-15 and 8-4-15) revealed tenderness to palpation in the lumbar spine, sacroiliac joint and piriformis muscles. As of the PR2 dated 9-22-15, the injured worker reports persistent pain in the tail bone and lower back. She rates her pain with medications 6 out of 10 and 9-10 out of 10 without medications. Objective findings include tenderness to palpation in the lumbar spine, sacroiliac joint and piriformis muscles. Current medications include Percocet (since at least 3-30-15), Amitriptyline, Lorazepam, Topamax, Wellbutrin and MS Contin (started on 9-22-15). The urine drug screen on 5-27-15 was positive for prescribed medications. Treatment to date has included a spinal cord stimulator. The Utilization Review dated 9-29-15, non-certified the request for Percocet 10-325mg #135 and MS Contin 30mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #135:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, specific drug list, Opioids for chronic pain.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months along with Tricyclics for pain control . There was no mention of weaning or Tylenol failure. Continued and chronic use of Percocet is not medically necessary.

**MS Contin 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

**Decision rationale:** According to the guidelines, oral Morphine is not indicated for non-cancer chronic pain. The claimant had been on short-acting opioids for several months with 50% reduction in pain. Although, additional medications may be needed for pain, there was no indication for immediate use of MSContin 30 mg BID was titration from a lowered dose or use of other long-acting medications. As a result, the request for MSContin as prescribed is not medically necessary.