

<b>Case Number:</b>	CM15-0204022		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/24/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 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 59 year old male with an industrial injury dated 04-24-2011. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar intervertebral disc, lumbosacral radiculopathy, sprain and strain of joint and adjacent muscles, chronic osteoarthritis, cervical degenerative disc disease, and carpal tunnel syndrome. In a progress report dated 08-28-2015, the injured worker reported neck and bilateral hand pain. Pain level was 6 out of 10 with medication and 8 out of 10 without medication on a visual analog scale (VAS). Objective findings (08-28-2015) revealed severe tenderness of the posterior neck, restricted rotation by 50%, unable to extend and restricted flexion by 40%. Bilateral wrist exam revealed positive bilateral Tinel's over the carpal tunnel. Dysesthesia and hypoesthesia from arms to bilateral finger tips were also noted on exam. According to the progress note dated 09-25-2015, the injured worker reported chronic low back pain and bilateral leg pain. Pain level was 6 out of 10 with medications and 9 out of 10 without medications on a visual analog scale (VAS). The injured worker reported that the benefit of chronic pain medication maintenance regimen, activity restriction and rest continue to keep pain manageable to allow the injured worker to complete activities of daily living. Current Medications include Percocet (at least since April of 2015), Lyrica, Voltaren gel, Trazadone and Metformin. Objective findings (09-25-2015) revealed pain along lumbosacral area, flexion 80% restricted, unable to extend and lateral bending 50% restricted. Positive bilateral straight leg raises, hypoesthesia and dysesthesia from lumbar area to bilateral feet were also noted on exam. Lumbar spine of Magnetic Resonance Imaging (MRI) dated 11-26-2012 revealed degenerative disc disease at L5-S1 with disc

bulge. Treatment has included diagnostic studies, prescribed medications, activity restrictions, heat and ice therapy, exercises, and periodic follow up visits. The utilization review dated 10-12- 2015, modified the request for 1 prescription of Percocet 10-325mg #46 (original #90) for weaning purposes.

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

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

### **1 prescription of Percocet 10/325mg #90: 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 chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. 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 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. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic (if doses of opioids are required beyond what is usually required for the condition or pain) does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. 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." In this case the injured worker is 59 years old and was injured in 2011. The worker has been prescribed opioids since at least 4/15. Based on the

documentation there is insufficient evidence to recommend the chronic use of opioids. There is no documentation of duration of pain relief, compliance with urine drug screens, a signed narcotic contract or that the injured worker has returned to work. The current guidelines provide very limited support to recommend treatment of non-malignant pain beyond 16 weeks. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.