

<b>Case Number:</b>	CM15-0206424		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/01/1999
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old male with a date of industrial injury 3-1-1999. The medical records indicated the injured worker (IW) was treated for regional spine pain; generalized arthritis-osteoarthritis; knee pain, unspecified; lumbago; cervicgia; thoracic spine pain, non-specific; post-spine surgery syndrome, cervical; headache; chronic pain syndrome; pain medication management (duration not specified), sciatica; cervical and lumbar disc degeneration; lumbar spinal stenosis with neurogenic claudication; and pain medication agreement-signed. In the progress notes (9-16-15), the IW had pain in the lumbar spine, leg and hip as well as sinus headaches and migraines; he reported pain in the cervical and lumbar region had been worse. His current pain was 9 out of 10; his best pain in the previous 30 days was 5 out of 10 and the worst was 10 out of 10. This was slightly worse than his pain levels reported 6-24-15. He stated his pain medication gave him fair pain relief. On examination (9-16-15 notes), there was muscle tenderness, spasms and pain with motion of the lumbar spine. Sciatica was present bilaterally. The left knee was diffusely tender with mild swelling and painful motion. Treatments included bed rest, medications, intralaminar epidural injection and cervical spinal fusion. Medications included Percodan (since at least 2014), Alprazolam, Amitriptyline, Celexa, Fiorinal with codeine #3, Flurazepam and Lidocaine patches. The provider stated the PMP was appropriate, but did not give the date of the report. There were no drug screen reports available for review. The IW was not working. A Request for Authorization was received for Percodan 325mg #120. The Utilization Review on 10-16-15 non-certified the request for Percodan 325mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percodan 325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/9/15) Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1999 injury without acute flare, new injury, or progressive neurological deterioration. The Percodan 325mg, #120 is not medically necessary and appropriate.