

<b>Case Number:</b>	CM15-0023879		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/10/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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:

The injured worker is a 56 year old female with an industrial injury dated 05/10/2009 with injury to the low back. Her diagnoses include lumbar disc with radiculitis, degeneration of lumbar disc, and low back pain. Diagnostic testing has included x-rays of the lumbar spine (05/07/2012) showing stable appearance of post fusion and laminectomy at L4-L5, a CT scan of the lumbar spine (08/30/2012) showing a mild L2 compression fracture with minimal L2-L3 superior end-plate compression deformities, mild central canal stenosis due to disk bulging and mild facet arthropathy at multiple levels, and a bone scan (01/08/2013) showing mild to moderate osteopenia of the femoral neck and lumbar spine. Previous treatments have included conservative care, medications, physical therapy, L4-L5 lumbar fusion and laminectomy, epidural steroid injections, left knee surgery, and left shoulder rotator cuff repair. In a progress note dated 11/10/2014, the treating physician reports persistent low back pain and left lower extremity pain with numbness and tingling. The objective examination revealed restricted range of motion in all planes with increased pain, muscle guarding, and positive straight leg raises. The treating physician is requesting Percocet which was modified by the utilization review. On 01/15/2015, Utilization Review modified a prescription for Percocet 10/325mg #150 to the approval of Percocet 10/325mg #135, noting the lack of documented functional improvement or maintenance, and no pain contract. The MTUS Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of Percocet 10/325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 MG QTY: 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Weaning of Medications, Percocet (oxycodone & acetaminophen) Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain radiating to left lower extremity. The request is for PERCOCET 10/325MG QTY: 150. The request for authorization is dated 12/30/14. The patient is status-post lumbar spine laminectomy and fusion 04/2012. Patient has had 3 epidural injections in the past. Patient has had physical therapy, number of sessions not provided. CT scan 08/30/12 shows laminectomy, foraminotomy and pedicle screws at L4-5, facet arthropathy liateral L3-4, L405 and L5-S1, mid bilateral NF compression at L3-4. Patient's medications include Percocet, Diazepam, Gabapentin, Cymbalta, Ambien, Glucosamine Chondrotin MSM, Bupropion, Trazadone and Adderall. Patient's work status was not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 02/02/15, treater's reason for the request is "This medication maintains her functionality." The patient has been prescribed Percocet since at least 08/15/14. MTUS requires appropriate discussion of the 4A's. In addressing the 4A's, per progress report dated 02/02/15, treater states Percocet "enables her to continue her daily activities and remain independent for completing ADLs, housekeeping and food preparation. However, analgesia has not been discussed, specifically showing significant pain reduction with use of Percocet. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.