

<b>Case Number:</b>	CM15-0212375		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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, who sustained an industrial injury on 12-11-07. The injured worker was diagnosed as having drug dependence, lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, myalgia and myositis, and cervical disc displacement without myelopathy. Treatment to date has included trigger point injections, C3-5 fusion, L4-S1 fusion, dental implant and oral bone graft, and medication including Dexedrine Spansule 15mg, Valium 2mg, Xanax 1mg, Fioricet 50-300-40mg, Adderall 10mg, Oxycodone HCL 10mg, Percocet 10-325mg, and Oxycontin 20mg. On 9-29-15 physical exam findings included positive compression test, a positive Spurling's test, cervical spasms, and cervical tenderness. A straight leg raise test was positive. The injured worker had been taking Percocet since at least April 2015. On 8-5-15 and 8-31-15 the injured worker's pain was rated as 9-10 of 10 in the low back. On 8-31-15 the treating physician noted "patient has a history of finishing her pain medication early and taking more medication than prescribed. We have gotten call from pharmacy who are concerned about early refills and the amount of pain medication she is taking. This month she finished her medication early. On last visit 8-25-15 she had reportedly completed #86 of Percocet 10-325 with was filled on 8-15 and completed #139 of Oxycodone 10mg which was filled on 7-31-15. By my calculation she took an average of 12-15 Oxycodone 10mg equivalent in the last few weeks." The treating physician also noted "patient is in high risk stratification for diversion and or abuse. Will slowly taper or stop prescribing any schedule II medications at this time." On 9-29-15, the injured worker complained of neck pain and low back pain. On 10-08-15 the treating

physician requested authorization for Percocet 10-325mg #50. On 10-15-15 the request was non-certified by utilization review.

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

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

**Percocet Tab 10/325mg #50 for 30 days:** Upheld

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

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

**Decision rationale:** This 56 year old female has complained of neck pain and lumbar spine pain since date of injury 12/11/2007. She has been treated with trigger point injections, surgery, physical therapy and medications to include opioids since at least 04/2015. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.