

Case Number:	CM15-0223908		
Date Assigned:	11/20/2015	Date of Injury:	08/16/2005
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/13/2015

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, Oregon, Washington
 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 54-year-old male, with a reported date of injury of 08-16-2005. The diagnoses include status post microdiscectomy bilaterally at L4-5 and L5-S1, chronic pain syndrome, failed surgery back syndrome, lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and low back pain. The progress report dated 09-03-2015 indicates that the injured worker presented for follow-up of chronic low back pain with radiation down his bilateral lower extremities. It was noted that since the last visit, the injured worker reported an increase in symptoms to his low back and legs. He reported increased burning pain to his legs and stated that his back "wants to lock up". He rated his low back pain 9-10 out of 10. He stated that the medication regimen reduced his pain from 9 out of 10 to 6-7 out of 10, and allowed him to fall asleep for 1-2 hours. The injured worker stated that there was numbness at the center of his mid back with tingling and burning pain, numbness, and pins and needles in both legs extending into his ankles. On 08-04-2015, it was noted that the injured worker rated his neck pain 0 out of 10; and his mid back and low back pain 8-9 out of 10. The physical examination showed normal strength and full active range of motion in the bilateral upper extremities; inability to perform manual muscle testing for bilateral lower extremities secondary to pain; intact sensation to light touch and pinprick, except for decreased sensation to pinprick along the right-sided C7 and C6 dermatomal distribution and left-sided L4 and L5 dermatomal distributions; and positive straight leg raise bilaterally at 60 degrees. It was noted that the injured worker underwent an MRI of the lumbar spine on 11-28-2011, which showed degenerative disc disease with facet arthropathy and

retrolisthesis at L2-3 and L3-4, neural foraminal narrowing at L2-3, L4-5, and L5-S1, and postoperative change at L5-S1; and electrodiagnostic studies of the lower extremities on 03-04-2011 with findings of possible bilateral SI (sacroiliac) root involvement. It was noted that the injured worker was not currently working and was disabled. The diagnostic studies to date have included a urine drug screen on 06-30-2015 with inconsistent results for Oxycodone, Noroxycodone, and Oxymorphone. Treatments and evaluation to date have included Percocet (since at least 12-2014), Flexeril, Prilosec, Omeprazole, lumbar surgery on 10-11-2007, Capsaicin cream, massage, heating packs, application of ice, TENS unit, chiropractic treatments, acupuncture treatments, physical therapy, and Norflex. The treating physician requested Percocet 10-325mg #90, one tablet every eight hours as needed for pain. On 10-08-2015, Utilization Review (UR) non-certified the request for Percocet 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tab 10/325 mg Qty 90, 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids for chronic pain, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. 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." ODG criteria (Pain/Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has

improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, demonstration of urine toxicology consistency and compliance, return to work, or increase in activity from the exam note of 9/3/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.