

<b>Case Number:</b>	CM15-0043872		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/22/2008
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 47 year old female, who sustained an industrial injury on October 22, 2008. The injured worker was diagnosed as having lumbar radiculopathy, failed lumbar back surgery syndrome, lumbar spine stenosis, lumbar laminectomy, and lumbar discogenic spine. Treatment to date has included lumbar epidural steroid injection, two previous lumbar surgeries, medications, physical therapy, home exercise program, moist heat and stretching. The injured worker reported that she received 35-40% improvement in pain of the low back for two weeks following her lumbar epidural steroid injection. She reports that she received moderate pain relief with her current medication regimen. Currently, the injured worker complains of ongoing back pain with radiation of pain into the left lower extremity. She describes the pain as sharp, burning cramping, and pins and needles. She rates her pain 7-9 on a 10 point scale. A urine drug screen performed on January 21, 2015 was positive for opiates, oxycodone and benzodiazepines. Her treatment plan includes lumbar transforaminal L4, L5, S1 on the left x 2, medication management of Percocet, Gabapentin, physical therapy and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg quantity 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-92.

**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 quantity 180. The request for authorization is not provided. The patient is status-post low back disk surgery, 02/25/11. The patient is status-post lumbar laminotomy (hemilaminectomy), 06/11/12. Patient states receiving 35-40% improvement of pain in low back after lumbar epidural steroid injection on 11/2014, lasting approximately 2 weeks of relief. Patient is to continue with physical therapy, home exercise and stretching. She states receiving moderate relief with current medication regimen to keep patient functioning throughout the day. Patient's medications include Diazepam, Duloxetine, Gabapentin, Lisinopril, Metformin, Omeprazole and Percocet. The patient's work status is 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. Treater does not specifically discuss this medication. The patient is prescribed Percocet since at least 06/17/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Percocet significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Percocet. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is a consistent UDS report dated, 01/16/15, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.