MAXIMUS Federal Services

| Case Number: | CM15-0053775 | | |
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| Date Assigned: | 03/27/2015 | Date of Injury: | 01/19/2005 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

## 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: Emergency Medicine

## 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 29 year old female, who sustained an industrial injury on 01/19/2005 reported a low back injury after carrying heaving buckets and boxes. On provider visit dated 02/17/2015 the injured worker has reported low back pain that radiates to her lower extremities. She was noted to have lumbar spine trigger point tenderness over the paraspinals, range of motion was decreased due to pain, straight raise was positive bilaterally and an antalgic gait was noted. The diagnoses have included post laminectomy pain, lumbar radiculitis, lumbar degenerative disc disease and chronic pain syndrome. Laminectomy of L5-S1 was done in 1/06. Last MRI of lumbar spine is dated 2/12/15 which showed post-operative changes with L5-S1 epidural scarring. Treatment to date has included medication, MRI, injections, and laboratory studies. Current medications include Oxycontin, Percocets, Phenergan, Lyrica, Soma, Lidoderm, Omeprazole and Alprazolam. The provider requested refill of pain medication Percocet and Phenergan for nausea.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325 Qty: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 132.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has chronic pain that has failed multiple conservative therapy attempts and has pending consult for potential spinal cord stimulator. There is appropriate monitoring and plan.Patient is being weaned from Percocet to Oxycontin. Prior to weaning, patient takes up to 5tablets of percocet a day. Provider should continue plan for weaning from percocet and use percocet only for breakthrough pain. As such, 60tablets of percocets for weaning and breakthrough pain with close follow up is appropriate. Percocets is medically necessary.

**Phenergan 25mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Antiemetics (for opioid nausea).

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Phenergan is an anti-nausea medication. As per Official Disability Guide (ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. There is no documentation provided by treating physicians about nausea or any complaints of nausea. Only nausea documented is post procedure nausea that occurred months prior to current request. Due to lack of documentation with no noted symptoms that warrant an anti-emetic, Phenergan is not medically necessary.