

<b>Case Number:</b>	CM15-0055087		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/18/2002
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male patient, who sustained an industrial injury on 10/18/2002. The diagnoses include failed back surgery syndrome and chronic pain syndrome. He sustained the injury while lifting a heavy box. Per the doctor's note dated 2/27/15, he had complaints of low back pain at 8-9/10. The physical examination revealed difficulty in walking, standing and sitting, lumbar spasm and tenderness; decreased strength in lower extremities; exacerbated low back pain with straight leg raising test; positive Mc Murray and Apley test on left knee. The medications list includes baclofen, cymbalta, HCTZ, ibuprofen, lisinopril, lyrica, MS contin, nortriptyline, omeprazole, percocet and testim 1% gel. He has had lumbar epidural steroid injections and trigger point injections. He has undergone lumbar surgeries. He has had multiple diagnostic studies including lumbar MRI and CT scan; cervical CT. He has had last lumbar CT on 9/29/14 which revealed post operative changes; increased spondylosis at L2-3 and L3-4 with moderate to severe spinal stenosis at L3-4 with probable mass effect on left L4 nerve root. He has had last urine drug screen on 10/30/14 with consistent results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone 8 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** Request: Hydromorphone 8 mg, ninety count. Hydromorphone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydromorphone 8 mg, ninety count is not established for this patient.

**Percocet 10/325 mg, 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** Request: Percocet 10/325 mg, 180 count. This is a request for Percocet, which is an opioid analgesic. It contains acetaminophen and oxycodone. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain

control is not documented in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325 mg, 180 count is not established for this patient.

**X-ray of the lumbar spine with pillar view:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289 - 290.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Request: X-ray of the lumbar spine with pillar view. Per the ACOEM guidelines cited below, regarding lumbar X-ray "it may be appropriate when the physician believes it would aid in patient management." Per the records provided he had severe low back pain at 8-9/10 with history of lumbar surgeries. The physical examination revealed significant objective findings- difficulty in walking, standing and sitting, lumbar spasm and tenderness; decreased strength in lower extremities; exacerbated low back pain with straight leg raising test . It is medically necessary and appropriate to perform a lumbar spine X-ray to evaluate and manage patient's low back symptoms. The request of X-ray of the lumbar spine with pillar view is medically necessary and appropriate for this patient at this juncture.