

<b>Case Number:</b>	CM15-0055481		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	02/24/2015
<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: California, Hawaii

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 54 year old male with an industrial injury dated 08/16/2005. His diagnoses included status post MLD bilaterally lumbar 4-5 and lumbar 5-sacral 1 on 09/29/2011, depression, possible inorganic component (lower extremity weakness) chronic pain syndrome and failed back syndrome. Prior treatments included 24 sessions of physical therapy, acupuncture without relief, chiropractic therapy without relief and aqua therapy without relief. He presents on 12/12/2014 with complaints of constant low back pain that radiates down the lower extremities. The pain as rated as 10/10 on the pain scale. Associated symptoms are numbness in the bilateral lower extremities. He also complains of neck pain and headache. He feels his symptoms are not improving. Physical exam noted the injured worker sits awkwardly offloading his right buttocks. Gait was severely antalgic and aided by a single point cane. The injured worker declined palpation of spine, reporting hypersensitivity of the lumbar spine. There was moderately decreased range of motion in the lumbar spine at all planes with decreased sensation in the left 3, 4, 5 and sacral dermatomes. The provider documents the injured worker takes Percocet 10/325 mg 3 tablets a day, Flexeril 7.5 mg as needed on average one every night and Prilosec 20 mg one daily. He states his medications help to reduce his pain to where he can handle the pain more. He is capable of walking, standing and doing more activities after taking the medications. CURES report dated 11/10/2014 shows 10 tablets Norco from a provider and Temazepam from another physician. Urine toxicology screen dated 11/14/2014 was consistent with prescribing. Treatment plan included Percocet, follow up in 4 weeks and new patient consult with pain management physician. The request is for Percocet 10/325 mg # 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90 (MED 30):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the neck and bilateral lower extremities. The current request is for Percocet 10/325mg #90 (MED 30). The treating physician states in the report dated 12/12/15, "The patient reports he currently takes Percocet 10/325 mg 3 tablets a day. The patient is capable of walking, standing, and doing more activities after taking the medications." (26B) For chronic opiate use, the 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 aberrant 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. In this case, the treating physician documented that the patient rates their pain as 5-10/10 with medications, is able to perform ADLs, and has not had any adverse side effects or aberrant behaviors. The current request is medically necessary.