

<b>Case Number:</b>	CM15-0080978		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/11/2003
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 was a 56 year old female, who sustained an industrial injury, May 11, 2003. The injured worker previously received the following treatments Norco, lumbar facet injections, Celebrex, Duexis, Conzip, Amitriptyline, Alprazolam, flurazepam, Norco, random toxicology laboratory studies, facet injections and radiofrequency of the facets. The injured worker was diagnosed with multilevel lumbago with left-sided radiculopathy, facet and sacroiliac joint arthropathy worse on the left, peritrochanteric bursitis, right knee arthropathy and sleep disturbance right knee arthropathy and reactive depression and anxiety. According to progress note of March 26, 2015, the injured workers chief complaint was lumbar spine pain. The injured worker scored the pain 6 out of 10. The injured worker had used Percocet in the past with effectiveness. However the injured worker uses minimal amounts of medication and otherwise had significant chronic pain. The injured worker was experiencing physical issues in the lumbar spine, included axial, radicular pain and facet-mediated pain. The injured worker had right knee surgery recently. The physical exam noted sciatic notch tenderness bilaterally. The injured worker only received short term relief form pain with facet injections, relieving the pain 60-70% range. The injured worker had decreased range of motion with flexion, extension and lateral rotation. The injured worker had paraspinous muscle spasms throughout the lumbar and thoracic spine areas. There was tenderness along the joint lines of the right knee. The treatment plan included a prescription for Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as percocet. The request is not medically necessary.