

<b>Case Number:</b>	CM14-0146493		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/08/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a history of a work injury occurring on 10/08/04 when, while working as a cashier she fell sustaining a thoracic compression fracture and right hip contusion. Treatments included participation in a multidisciplinary pain program, medications, and epidural injections. An MRI of the lumbar spine on 02/03/12 showed stable findings of a T12 compression fracture. On 05/22/12 pain was rated at 5/10 with medications and 8/10 without. There was a pending right hip injection. Physical examination findings included pain with lumbar spine range of motion and groin pain with straight leg raising and internal rotation of the right hip. She had normal strength. She was to continue a weight-loss program and exercise. On 11/01/12 medications included Neurontin at 1200 mg per day. Her other medications were trazodone, Ambien, Duragesic, Percocet 10/325 mg, Lortab 10/500 mg, and Celebrex. She was seen on 07/01/14. Pain was rated at 6/10 with an 8/10 without medications. Physical examination findings included decreased and painful lumbar spine range of motion. The assessment references pain as being controlled with medications. On 07/17/14 she was having ongoing symptoms. Physical examination findings appear unchanged. The assessment references the claimant as being able to perform activities of daily living when taking her medications for breakthrough pain. On 08/04/14 she had ongoing symptoms. Pain was rated at 5/10 with and 9/10 without medications. Physical examination findings included decreased and painful lumbar spine range of motion with back pain with straight leg raising. The assessment references the claimant as stabilized on medications for many years allowing her to function independently. Duragesic 100 mcg #15, Percocet 10/325 mg #90, Celebrex 200 mg #30, and Voltaren gel were prescribed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 100 mcg, #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 86.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury with a thoracic compression fracture and continues to be treated for chronic pain. Medications include Duragesic and Percocet. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, although there are no identified issues of abuse, addiction, or poor pain control and the claimant's medications are referenced as being able to allow her to perform activities of daily living, the total MED (morphine equivalent dose) being prescribed is more than 250 mg per day. There are no unique features of this case that would support opioid dosing at this level and therefore Duragesic 100 mcg, #15 is not considered medically necessary.

**Percocet 10/325 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 86.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury with a thoracic compression fracture and continues to be treated for chronic pain. Medications include Duragesic and Percocet. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, although there are no identified issues of abuse, addiction, or poor pain control and the claimant's medications are referenced as being able to allow her to perform activities of daily living, the total MED (morphine equivalent dose) being prescribed is more than 250 mg per day. There are no unique features of this case that would support opioid dosing at this level and therefore Percocet 10/325 mg, #60 is not considered medically necessary.