

<b>Case Number:</b>	CM14-0158328		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Interventional Spine and is licensed to practice in California. 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 patient is a 31 year old male with an injury date of 01/27/11. Based on the 08/22/14 progress report provided by [REDACTED] the patient complains of pain in the lumbosacral junction, over the sacrum and the left buttock. Patient had a 3 level-lumbar fusion on 3/14/14. Physical examination revealed spasm present at lower paravertebral muscles bilaterally. Straight leg raise was positive bilaterally. Patient has tried has tried epidural injections, chiropractic, physical therapy and acupuncture without benefit. The pain is rated 5/10 with medications and 10/10 without at its worst. He states that with the opioids, he gets 60% relief and is able to provide self-care, do light house; walk between 30- 60 minutes and do self-directed pool therapy. He reports constipation and no signs of diversion. UDS dated 07/15/14 results were consisted with compliance. He is taking Percocet, Soma, and Valium. Patient is temporarily totally disabled. Diagnosis 08/22/14- degenerative disc disease, lumbosacral [REDACTED] [REDACTED] is requesting Percocet 10/325mg #120. The utilization review determination being challenged is dated 09/08/14. The rationale is "recommendation is for weaning as patient is 6 months out of surgical intervention." [REDACTED] is the requesting provider, and he provided treatment reports from 04/14/14 - 08/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Overturned

**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): 76-78.

**Decision rationale:** Patient presents with pain in the lumbosacral junction, over the sacrum and the left buttock. Patient is status post 3 level-lumbar fusion on 3/14/14. He has tried epidural injections, chiropractic, physical therapy and acupuncture without benefit. The pain is rated 5/10 with medications and 10/10 without at its worst. Patient states that with the opioids, he gets 60% relief and is able to provide self-care, do light house; walk between 30- 60 minutes and do self-directed pool therapy. He reports constipation and no signs of diversion. UDS dated 07/15/14 results were consistent with compliance. 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 adverse 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. Per progress report dated 08/22/14, the physician requests medication for weaning, given patient has improved functional status, demonstrated appropriate medication use, and has no adverse side effects. In this case, the physician has addressed the 4As, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Recommendation is for authorization with taper of medication.