

<b>Case Number:</b>	CM14-0184467		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 and Pain Management, 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 52 year old with an injury date on 5/27/00. Patient complains of persistent, severe low lumbar pain radiating to the left lower extremity, with pain rated 8/10 with Percocet and 10/10 without Percocet per 10/15/14 report. Patient states that trigger point injections have been helpful per 10/15/14 report. Based on the 10/15/14 progress report provided by the treating physician, the diagnoses are: 1. s/p L5-S1 decompression (10/16/08) CPS. Instability, recurrent SS2. s/p L5-S1 fusion CPS, lumbar radiculopathy, L4-5 and instability, transitional syndrome3. s/p XLIF L4-5 and posterior decompression 5/14/13. s/p revision 7/16/13 and 4/17/14 Exam on 10/15/14 showed "L-spine range of motion decreased 60%." Patient's treatment history includes medications and trigger point injections. The treating physician is requesting 1 prescription of percocet 10/325mg #100, and 1 trigger point injection. The utilization review determination being challenged is dated 10/21/14. The requesting physician provided a single treatment report from 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet; generic available); Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88,89 76-78.

**Decision rationale:** This patient presents with lower back pain and left lower extremity pain. The treater has asked for Percocet 10/325mg #100 on 10/15/14. It is not known how long patient has been taking Percocet, but patient is currently taking Percocet. For chronic opioids use, 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. In this case, the treater indicates a decrease in pain with current medications which include Percocet, stating "when using Percocet, her pain is 8/10. Her pain remains 10/10 [without Percocet]." per 10/15/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

**1 trigger point injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Trigger point injections Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-7,Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** This patient presents with lower back pain and left lower extremity pain. The treater has asked for 1 trigger point injection on 10/15/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS also requires "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." For fibromyalgia syndrome, trigger point injections have not been proven effective. While this patient presents with back and lower extremity pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient also presents with radicular symptoms in which case, trigger point injections are not indicated. Recommendation is for denial.