

<b>Case Number:</b>	CM14-0218550		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/29/2000
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 70 year old male who suffered an industrial related injury on 12/29/00 while lifting a steel cage. A physician's report dated 11/18/14 noted the injured worker was taking Modafinil, Flurazepam, Duloxetine, Quetiapine, Percocet, Triazolam, Soma, and Meclizine. The physical examination findings included the injured worker had difficulty organizing his thoughts. Normal strength, sensation, and reflexes in the upper and lower extremities were noted. The diagnoses were closed head injury with concussion, post-concussion syndrome with cognitive impairment and mood impairment, headaches, episodic dizziness, anxiety, depression, sprain/strain of the lumbar spine, post lumbar spine surgery, chronic pain syndrome, and chronic treatment for mantle cell lymphoma. On 12/8/14 the utilization review (UR) physician modified the request for Percocet 10/325mg #120. The UR physician noted there was no documentation of close monitoring or of a narcotic agreement. The request was modified to #60 tablets to aid in a slow taper.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 78-80.

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

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While pain relief was documented, improvement in function was not clearly outlined. Serially the progress note from May to November 2014 do not document specific examples of functional improvement. Also there is no mention of side effects each visit, which should be importantly assessed in a patient with a history of post-concussion syndrome. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.