

<b>Case Number:</b>	CM15-0015787		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 is a 54 year old male with an industrial injury dated 08/11/2003 while carrying trash. His diagnoses include pain in limb, pain in joint, mildly over weight, depressive disorder, and status post right total hip arthroplasty. Recent diagnostic testing was not provided. He has been treated with surgery, injections, medications, and conservative care. In a progress note dated 01/06/2015, the treating physician reports sleep disturbances and not functioning due to pain, right hip and groin pain, and left shoulder pain despite treatment. The objective examination revealed tenderness to the right knee with poor tolerance to straight leg raises, decreased deep tendon reflexes in the right lower extremity and limited range of motion in the upper extremities. The treating physician is requesting medications which were modified by the utilization review. On 01/09/2015, Utilization Review modified a prescription for Percocet 5/325mg #60 to the approval of Percocet 5/325mg #30 for weaning, noting the absence of functional or symptomatic improvement and qualitative reduction in pain. The MTUS Guidelines were cited. On 01/09/2015, Utilization Review modified a prescription for MS Contin 15mg #60 to the approval of MS Contin 15mg #30 for weaning, noting the absence of functional or symptomatic improvement and qualitative reduction in pain. The MTUS Guidelines were cited. On 01/27/2015, the injured worker submitted an application for IMR for review of Percocet 5/325mg #60 and MS Contin 15mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95, page 124.

**Decision rationale:** Percocet (oxycodone with acetaminophen) is a medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing decreased sleep and pain in the right knee, hip, groin, and left shoulder. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of Percocet (oxycodone with acetaminophen) 5/325mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.

**MS Contin 15mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95, page 124.

**Decision rationale:** MS-Contin (long-acting morphine) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing decreased sleep and pain in the right knee, hip, groin, and left shoulder. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of MS-Contin (long-acting morphine) 15mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.