

<b>Case Number:</b>	CM15-0114011		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/01/1994
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 69-year-old female, who sustained an industrial injury on 03/01/1994. She has reported injury to the neck and low back. The diagnoses have included cervical spondylosis with myelopathy; postlaminectomy syndrome of cervical region; lumbosacral spondylosis without myelopathy; carpal tunnel syndrome; sacroiliac ligament sprain; and status post anterior cervical discectomy and fusion. Treatment to date has included medications, diagnostics, physical therapy, cognitive behavioral therapy, and surgical intervention. Medications have included Percocet, Cymbalta, BuSpar, and Restoril. A progress report from the treating provider, dated 04/28/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain; she has been without pain medication; she has been without a primary treating physician for several months; her function with activities of daily living has greatly decreased without pain medication; with pain medication, she is able to maintain her home, cook for herself, and make short trips out of her home for her needs; without pain medication, the only relief she gets is when she lays down; and she is unable to stand or sit for very long before her pain increases to an unmanageable level. Objective findings included the injured worker was approved for lumbar spine surgical intervention and will move forward with the surgery in July. The treatment plan has included managing her pain medications until she is approved to see a new primary treating physician for her chronic pain management needs. Request is being made for Percocet 10/325mg #180; and Kadian 40mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has taken percocet previously in a chronic nature without objective documentation of functional improvement or significant decrease in pain. A request for percocet has been repeatedly denied due to lack of efficacy in this case. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for percocet 10/325mg #180 is not medically necessary.

**Kadian 40mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has taken kadian previously in a chronic nature without objective documentation of functional improvement or significant decrease in pain. A request for kadian has been repeatedly denied due to lack of efficacy in this case. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for

a weaning treatment, but to continue treatment. The request for kadian 40mg #60 is not medically necessary.