

<b>Case Number:</b>	CM15-0122390		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: New York

Certification(s)/Specialty: Internal 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 53 year old male who sustained an industrial injury on 07/06/2009 and as reported by the AME (agreed medical examiner) resulting in pain to the neck and upper back followed by mid and low back pain after a second incident a few days later (07/10/2009). However, the injured worker continued to work until 04/27/2010. Treatment provided to date has included left wrist ganglion surgery (2010); lumbar micro discectomy and hemilaminectomy (2011); physical therapy; additional lumbar fusion surgery 2013; medications (Lyrica, Cymbalta and Gabapentin with no benefit, Prilosec (not helpful), and Relafen, Zanaflex, Norco and Percocet resulting in reduction in pain); and conservative therapies/care. Diagnostic tests performed include MRI of the lumbar spine (2015) with no results available. There were no noted comorbidities or other dates of injury noted. On 06/10/2015, physician progress report noted complaints of neck and low back pain. The pain was rated 9/10 in severity, as the injured worker has not had any narcotic pain medication since 03/2015 due to denial from the insurance carrier. Current medications include Percocet 10/325mg (not filled in 2 months). A urine drug screening was completed during this visit and was found to be negative for any opioids, which is consistent with the injured worker's complaints of not having any opioid medication. A previous urine drug screening was reportedly completed on 11/26/2014 and noted to be consistent with prescribed medications. The physical exam revealed continued restricted range of motion in the cervical and lumbar spines. The provider noted diagnoses of chronic neck and upper extremity pain, chronic low back pain, cervical disc herniation and bulge per CT myelogram (2011), multilevel cervical disc protrusions and facet changes per MRI (2014), and status post previous

L4-5 laminectomy and anterior/posterior L4-5 fusion. Plan of care includes a new prescription for Percocet 10/325mg #60 with no refills, prescription for one Valium 10mg for use prior to cervical MRI, urine drug screening, and follow-up in one month. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes Percocet 10/325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for chronic pain - Recommendations for general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation demonstrates a recent consistent urine drug screen, supporting evidence that the injured worker reported some functional improvement and pain relief with prior opioid medication, with no evidence of side effects or signs of aberrant or non-adherent drug-related behaviors. With the demonstration of some improvement in function with previous use, the request for Percocet 10/325mg #60 is medically necessary.