

<b>Case Number:</b>	CM15-0172754		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 female who sustained an industrial injury on 1-12-01. A review of the medical records indicates she is undergoing treatment for status-post cervical laminectomy and cervical radiculopathy. Medical records (3-4-15 to 7-1-15) indicate ongoing complaints of bilateral upper extremity and neck pain. She describes her neck pain as "sharp, dull, achy, tingling, electrical, burning pressure, agonizing and depressing." Bilateral arm pain is described as "sharp, agonizing, depressing, dull, achy, tingling, electrical, burning, and pressure." Bilateral hand pain is described as "dull, achy, pressure, agonizing, depressing, sharp, tingling, electrical, and burning." She is status-post cervical spine anterior fusion from C3-C7 with "upper extremity radiculopathy and postlaminectomy pain syndrome." The records indicate that her most recent cervical fusion was "complicated by incomplete mature bony fusion at the C6-C7 level" and a CT of the cervical spine on 3-26-15 showed an incomplete fusion at C6-C7. The CT films were reviewed by the provider and "found the fusion to be solid" (7-1-15). The physical exam indicates diminished range of motion in the cervical spine. The neurological exam of bilateral upper extremities was within normal limits, as was the deep tendon reflex exam (7-1-15). Her medications include Percocet 10-325, 1 tablet every 4-6 hours as needed for pain, Topamax 50mg three times daily, and Opana ER 40mg twice daily, as well as Lexapro and Wellbutrin per psych. The Opana was noted to be a weaned dose from 40mg every 8 hours (7-1-15). Treatment has included medications, surgery, physical therapy, a soft neck collar, cold and heat, a TENS unit, massage, and H-wave unit, and rest (4-8-15). Treatment recommendations include the continuation of her medications, continuation of a home exercise program, and a

spinal cord stimulator was discussed (7-1-15). The treating provider indicates that the last urine screen was completed on 12-10-14 and noted to be "positively appropriate." The injured worker was noted to have aberrant behaviors with meth use in the past (4-8-15). The requested treatments are for Opana ER 40mg twice daily, #60 (plus additional prescription for 9-5-15) and Percocet 10-325 every 6 hours. The utilization review (8-13-15) indicates denial of Opana ER and Percocet, indicating that they are not supported by the guidelines and a peer to peer contact was not successful.

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

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

#### **Opana ER 40 mg BID #60 (plus additional prescription for 9/5): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Opana, as written above, is not indicated a medical necessity to the patient at this time.

#### **Percocet 10/325 mg Q6H: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Percocet, as written above, is not indicated a medical necessity to the patient at this time.