

<b>Case Number:</b>	CM15-0174057		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/01/2005
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Indiana, 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 55 year old female, who sustained an industrial injury on June 1, 2005. She reported pain in her low back, her legs and her left ankle in an automobile accident. On June 4, 2015 the injured worker was status post facet medial branch radiofrequency ablation with 80% relief reported including increased range of motion and function. She rates her pain a 1-2 on a 10-point scale for two days and noted that her medications decreased by approximately 20%. Her functional ability had increased moderately with an increase in activity level and endurance. Prior to her epidural she reported a sitting tolerance of approximately 30 minutes and this sitting tolerance improved to 90 minutes; her prior walking distance was one-half block and improved to 2-3 blocks; and her sleep improved from 2 hours to 3 hours. She reported bilateral hip pain and noted that she did not finish her acupuncture therapy due to transportation. On physical examination, the injured worker has a positive straight leg raise and decreased sensation in the posterolateral thigh. She has difficulty with heel-toe walk. Myofascial triggers were present at bilateral L4-L5 and her lumbar spine range of motion was flexion 60 degrees, extension 10 degrees with pain, right lateral 10 degrees with pain and left lateral 15 degrees with pain. The injured worker was diagnosed as having spondylosis of the lumbosacral spine, lumbar radiculitis, and lumbar disc bulge at L4-5. Her medications included Percocet, Nortriptyline, Prilosec, Lyrica, Voltaren and Flexeril. She has used Percocet since at least November 13, 2014. Treatment to date has included opioid medications, NSAIDS, home exercise program, acupuncture, bilateral transforaminal lumbar epidural steroid injections, MRI of the lumbar spine on 8/14/2011, and home exercise program. A request for authorization for Percocet 10-325 mg

#180 was received on August 10, 2015. The Utilization Review physician determined on August 11, 2015 that Percocet 10-325 mg #180 was not medically necessary.

### **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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculitis; status post right total hip arthroplasty; and status post chronic hip dislocation. Date of injury is June 1, 2005. Request for authorization is July 30, 2015. According to progress note dated November 13, 2014, current medications included Percocet 10/325mg. The most recent progress note is June 4, 2015. There is no current contemporaneous clinical documentation on or about the date of request for authorization July 30, 2015. According to the most recent progress note June 4, 2015, subjective complaints include bilateral hip pain. Objectively, there are positive straight leg raising and myofascial triggers at L4 and L5 bilaterally. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing Percocet 10/325mg. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, and no documentation demonstrating objective functional improvement to support ongoing Percocet, Percocet 10/325mg #180 is not medically necessary.