

<b>Case Number:</b>	CM15-0179060		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/04/2003
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Emergency 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 54year old male who sustained an industrial injury on 9-4-03. The injured worker reported, "pain is currently at a 10/10 and he has felt this way for over three weeks." A review of the medical records indicates that the injured worker is undergoing treatments for brachial neuritis or radiculitis, opioid type dependence, carpal tunnel syndrome, displacement cervical intervertebral disc without myelopathy, migraine with aura. Treatment has included Maxalt since at least December of 2014, Percocet since at least December of 2014, magnetic resonance imaging, Trazodone since at least December of 2014, Ibuprofen since at least December of 2014, Excedrin Migraine since at least December of 2014, ice, heat, rest, elevation, and injection therapy. Objective findings dated 8-10-15 were notable for pain with palpation to 1st metacarpal and right lateral medial epicondyle. The original utilization review (8-28-18) partially approved a request for Percocet 10-325mg #135 and Injection of Decadron 8mg x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #135: 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, criteria for use, Opioid hyperalgesia.

**Decision rationale:** The request is for Percocet, or oxycodone-acetaminophen, which is a narcotic formulation. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, while there poor documentation of an improvement in pain with the use of opioids, and there is no clear functional improvement nor a return to work. Therefore, the request as written is not medically necessary.

**Injection of Decadron 8mg x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** The request is for dexamethasone injection. Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. Local anesthetics

can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. Medical documentation does not clearly define a need to deviate from typical approach to chronic pain. Therefore, the request as submitted is not medically necessary.