

<b>Case Number:</b>	CM15-0071894		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	11/24/1997
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 24, 1997. In a Utilization Review report dated April 5, 2015, the claims administrator failed to approve a request for Percocet. One of the two requests was partially approved, apparently for tapering or weaning purposes. A March 25, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated March 30, 2015, two separate prescriptions for Percocet, Zanaflex, and Neurontin were endorsed. In an associated progress note of March 25, 2015, the applicant reported ongoing complaints of low back pain, averaging 7/10 over the preceding three months. The applicant's pain scores did, however, vary from 4/10 with medications to 9/10 without medications, the treating provider reported. The applicant stated that he was only able to walk one block a day without his medications but was able to walk four blocks a day with his medications. The applicant was using Percocet four times daily, Neurontin three times daily, and tizanidine twice daily. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The applicant had developed issues with depression and anxiety secondary to pain. Percocet, Neurontin, and tizanidine were renewed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working with previously imposed permanent limitations. In an appeal letter dated February 17, 2015, the attending provider appealed medication denials in a highly templated manner. On January 7, 2015, the applicant was again described as using Percocet four times daily, Neurontin twice daily, and tizanidine twice daily. Once again, the applicant's work status was not clearly

detailed, although it did not appear that the applicant was working with previously imposed permanent limitations. In a July 23, 2014 progress note, the attending provider suggested that the applicant would have difficulty walking even a few blocks, doing laundry, personal care, and self-hygiene without his medications.

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

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

#### **1 Prescription of Percocet 10/325 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going management for Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple office visits of early 2015, referenced above. The applicant did not appear to be working following imposition of permanent work restrictions. While the attending provider did, on a few occasions, outline some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's walking tolerance had increased from one to three blocks as a result of medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Percocet usage. Similarly, the attending provider's commentary to the fact that the applicant would be unable to perform activities of self-care and personal hygiene without his medications likewise did not constitute evidence of a meaningful, material, or substantive benefit effected as a result of ongoing medication consumption, including ongoing Percocet usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

#### **Prescription of Percocet 10/325 #120 (DND Until 04/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going management for Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple office visits of early 2015, referenced above. The applicant did not appear to be working following imposition of permanent work restrictions. While the attending provider did, on a few occasions, outline some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's walking tolerance had increased from one to three blocks as a result of medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Percocet usage. Similarly, the attending provider's commentary to the fact that the applicant would be unable to perform activities of self-care and personal hygiene without his medications likewise did not constitute evidence of a meaningful, material, or substantive benefit effected as a result of ongoing medication consumption, including ongoing Percocet usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.