

<b>Case Number:</b>	CM15-0078189		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 11/01/2000. The details of the initial injury and previous treatment to date were not included in the medical records submitted for this review. Diagnoses include lumbar herniated pulposus. Treatments to date include opioid medication and a trial period for an implanted spinal cord stimulator. Currently, she complained of low back pain with radiation to right leg associated with weakness. The records indicated significant relief of symptoms with a temporary trial of a spinal cord stimulator implant. On 3/31/15, the physical examination documented a positive right side straight leg raise test, decreased sensation to L5 dermatome and muscle spasms with right lower extremity weakness. The plan of care included continued opioid treatment with a plan for tapering dose over the following few months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet TAB 10/325mg #162:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for PERCOCET TAB 10/325MG #162. All hand-written reports provided by the treater contain little information regarding the patient's condition, treatment history, medication, etc.. Per 03/31/15 progress report, the patient remains off work. Per the utilization review letter on 04/07/15, the patient has been on Percocet and Oxycodone/APAP chronically. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports specifically discuss this medication except the request. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.