

<b>Case Number:</b>	CM15-0094938		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/29/2001
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Pain Management

### 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 was a 53 year old male, who sustained an industrial injury on September 29, 2001. The injured was sustained when the injured worker was on foot pursuit of a suspect. The injured worker was forced to wrestle the individual to a prone position. The injured worker indicated that the lower back pain developed after cuffing in individual in the prone position, and attempting to stand on his feet. The injured worker previously received the following treatments Protonix, Nalfon, Ambien, Trazodone, Opana, Wellbutrin, Tizanidine, Percocet, physical therapy, trigger point injection, lumbar spine MRIs, random toxicology laboratory studies were consistent current medications on January 15, 2015, findings, psychiatric services and spinal cord stimulator. The injured worker was diagnosed with L4-L5 and L5-S1 disc herniations without nerve root impingement, lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet syndrome, L4-L5 moderate facet changes and moderate bilateral foraminal narrowing with L2-L3, L3-L4, and L5-S1 dis disease and a spinal cord stimulator implant, lumbar levoscoliosis, depression, chronic pain, sleep dysfunction, GERD, gastritis, low testosterone and thoracic trigger points. According to progress note of February 23, 2015, the injured workers chief complaint was low back and right lower extremity pain. The primary treating physician requested inpatient detoxification program, which was denied, to wean the injured worker to wean from opioid use. The injured worker reiterated that the mediations reduce his pain by more than 50%. The injured worker was then able to perform activities of daily living. The injure worker's pain level without medication was 8 out of 10. The physical exam noted full strength to the lower extremities. There was decreased sensation in the right lower extremity. The PHQ-9 score of 26 out of 30 indicated severe depression. According to the plan the injured worker had fail weaning process several times. The injured worker tried to slowly

reduce medications and had failed the weaning process many times. The treatment plan included a prescription for Percocet. A progress report dated March 27, 2015 indicates that the patient has discontinued Opana ER.

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

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

**Percocet 10/325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Percocet 10/325mg #180, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. Additionally, it appears the patient has already weaned off Opana ER, and has had difficulty with further weaning. Detoxification is being sought. As such, the currently requested Percocet 10/325mg #180 is medically necessary.