

<b>Case Number:</b>	CM13-0014054		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	01/25/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44-year-old male who sustained an injury on 01/25/2009 when he lifted a 150 pound sack of coffee and felt pain in his groin and lower back. He has history of multiple inguinal hernia repairs with mesh placement, as well as a history of umbilical hernia repair with mesh placement. Since then, he has had persistent groin and lower back pain with the lumbar region identified to have both degenerative disc disease and foraminal stenosis. The patient has 7-8/10 pain that radiated down to his legs to the heel. The patient's pain management consisted of Endocet (Oxycodone) 10/325mg one tablet twice a day dispense #60 that was started on June 4th, 2013 by [REDACTED], and Duexis 800mg one tablet twice daily. In dispute is use of Oxycodone 10/325 #60 tablets for 30 days for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE (PERCOCET) 10/325MG, #60/30 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids, Opioids, long-term assessment, pg. 88, and Opioids, specific drug list Page(s): 75, 88, 91.

**Decision rationale:** According to the CA MTUS guidelines, short-acting opioids are also known as "normal-release" or "immediate-release" opioids and are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The dosage should be based on the oxycodone content and should be administered every four to six hours as needed for pain. Initially, 2.5 to 5 mg by mouth every 4 to 6 hours as needed may all this required to provide analgesia. The MTUS notes that maximum daily dose is based on acetaminophen content (maximum 4000mg/day). For more severe pain the dose (based on oxycodone) is 10-30mg every 4 to 6 hours as needed for pain. The continued use of such medication needs periodic reassessment. The documentation should include pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, according to the patient's [REDACTED] Follow-Up Report dated July 29, 2013, "He stated to me that has been tolerating his work. He does complain of significant back and groin pain. He has been taking his Endocet 10/325mg one tablet twice a day." The urine drug screen obtained on the same date was tested on between July 31 and Aug 5th, 2013 and was negative for the use of Oxycodone. An exhaustive review of the provided medical documentation found that the patient has been dispensed Endocet on (roughly) a monthly basis since 7/23/12. Two other utilization reviews were submitted regarding this medication (11/05/12 and 08/27/12) and both recommended tapering off Endocet as the criteria for continued use was not met. Based upon the information provided, the continuation of Endocet is not medically necessary. A negative urine drug screening results, reported on Aug 5th, 2013, is circumspect as to whether the medication is being taken as directed. One would expect that use of an opioid medication would be positive on a drug screening if taken as prescribed. Based upon this result, since the patient has no Endocet within his system, a taper period is not necessary. As such, the request is not certified.