

<b>Case Number:</b>	CM13-0039525		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/16/1990
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma, and Texas. He 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 physician reviewer was selected based on his 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 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 72-year-old male who reported an injury on 08/16/1990. The mechanism of injury was not provided. The patient was noted to have neck pain, back pain, hip pain and knee pain. The patient was noted to have restricted range of motion in the cervical spine. The patient's diagnoses were noted to include multilevel cervical degenerative disc disease with spondylosis and facet arthrosis, adjacent segments, and cervical arthrodesis. The request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81,. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, ongoing management Page(s): 75, 78.

**Decision rationale:** California MTUS Guidelines recommend long-acting opioids (OxyContin) for around-the-clock pain relief and indicate that they are not for as needed use. The California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring,

including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. They further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day; and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, per the opioid dose calculator, the patient's oral morphine equivalents per day would be noted at 450 mEq. This mEq is greater than 3 times the recommended amount of 120 mg. Given the above and the lack of documentation, of the 4 A's, the request for OxyContin 80 mg #90 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Ongoing Management Page(s): 75, 86, 78.

**Decision rationale:** The California MTUS Guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and indicate that there should be documentation of the 4 A's for Ongoing Monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. They further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day; and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, per the opioid dose calculator, the patient's oral morphine equivalents per day would be noted at 450 mEq. This mEq is greater than 3 times the recommended amount of 120 mg. Given the above and the lack of documentation of exceptional factors, the request for Percocet 10/325 mg #180 is not medically necessary.