

<b>Case Number:</b>	CM13-0043018		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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 male with the date of injury of November 10, 2008. A utilization review determination dated October 16, 2013 recommends modified certification of Percocet 10/325 mg #70 and OxyContin 10 mg #45. A progress report dated October 14, 2013 indicates that the patient has had a lumbar fusion in 2003 with ongoing low back pain. The patient has returned to modified work, takes Zanaflex before bedtime, OxyContin twice daily, and Percocet 10/325 mg for breakthrough pain. He walks half an hour per day, ices, and then applies heat to the back. He would like to taper off some narcotic pain medication. The objective examination findings do not contain examination of the patient's back or lower extremities. The diagnosis includes status post lumbar fusion 2003 with extension L-2-S1 2013. The treatment plan recommends continuing Ibuprofen, Zanaflex, Percocet, OxyContin, and follow up with neurosurgery and pain management. A progress report dated October 4, 2013 indicates that the patient continues to take OxyContin, Percocet, Tizanidine, and Ibuprofen. The physical examination identifies tenderness to palpation over the lower left mid and lower lumbar spine as well as 5/5 motor strength in the lower extremities and negative straight leg raise. The treatment plan recommends continuing medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone- Acetaminophen tabs 10/325mg #100:** 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 Chronic Pain Medical Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Oxycodone/Acetaminophen tab 10/325 mg (Percocet), California Pain Medical Treatment Guidelines state that Percocet 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. The 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 no indication that the Percocet is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Percocet is not medically necessary.

**Oxycontin T12A 10mg #60:** 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 Chronic Pain Medical Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Oxycontin, California Pain Medical Treatment Guidelines state that Oxycontin 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. The 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 no indication that the Oxycontin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Oxycontin is not medically necessary.