

<b>Case Number:</b>	CM13-0068810		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	10/21/2001
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 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 50-year-old female with date of injury of October 21, 2001. The listed diagnoses per [REDACTED] dated November 11, 2013 are joint pain of the shoulder, lumbar radiculopathy, myalgia and myositis, not otherwise specified, and post-laminectomy syndrome, lumbar. According to the report, the patient complains of low back pain, bilateral lower extremity pain, left more than the right, and right shoulder pain. She is currently stable on her current medications and doing reasonably well, although she reports a flareup during the winter season. Her pain level with medication is 7/10, and her pain level without medication is 10/10. The physical examination shows decreased lumbar range of motion for flexion and extension. There is paraspinal muscle tenderness with spasm in the lumbar spine. There is also diffuse range of motion in the right shoulder, hips, and left knee and ankle. The utilization review denied the request on November 20, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE-ACETAMINOPHEN 10/325MG, ONE TO TWO TABLETS EVERY FOUR HOURS, 240 COUNT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** This patient presents with low back, bilateral lower extremity, and right shoulder pain. The treater is requesting a prescription for percocet 10/325 mg. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines requires specific documentations regarding pain and function. The Chronic Pain Medical Treatment Guidelines also require "pain assessment" that require "current pain; least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, ADLs (activities of daily living), adverse side effects, and aberrant drug-seeking behavior." The reports from January 9, 2013 to February 4, 2013 show that the patient has been taking percocet since January 9, 2013. The report dated November 11, 2013 documents that the patient's pain level with medication is 7/10 and, without medications 10/10. ADL's are improved from 10/10 to 7/10 as well as some other functional measures. The specific ADL's are not discussed. There are no documentations of outcome measures as required by the Chronic Pain Medical Treatment Guidelines. While the four A's may be satisfied on this patient, the treater does not provide the "outcome measures" as discussed above. Furthermore, the Chronic Pain Medical Treatment Guidelines does not provide a clear support for chronic opiate use for chronic low back and shoulder conditions. The request for oxycodone-acetaminophen 10/325mg, one to two tablets every four hours, 240 count, is not medically necessary or appropriate.