

<b>Case Number:</b>	CM14-0008303		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 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 54 year old male with an injury date of 11/10/08. Based on the 11/12/13 progress report provided by [REDACTED], the patient complains of low back pain which is prolonged with sitting. He is diagnosed with s/p lumbar fusion 2003, with extension L2-S1 2013. [REDACTED] is requesting for a pharmacy purchase of Oxycodone/APAP 10/325 mg and Oxycontin 10 mg #60. The utilization review determination begin challenged is dated 12/30/13. The rationale is that it is not clear that the medicine is effective and there are no current clinical records to attest a present need for Oxycodone and Oxycontin. [REDACTED] is the requesting provider, and he provided treatment reports from 07/03/13- 02/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF OXYCODONE/APAP 10/325MG #100 AND OXYCONTIN 10MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** According to the 11/12/13 report by [REDACTED], the patient presents with low back pain and is s/p lumbar fusion (2003), with extension L2-S1 (03/18/13). The request is for pharmacy purchase of Oxycodone/APAP 10/325 mg and Oxycontin 10 mg #60. The 07/03/13 progress report states that the patient has been taking Oxycontin since 05/13/13; there are no reports indicating that the treater is requesting for Oxycodone/APAP 10/325 mg, nor do the reports mention that the patient has previously taken Oxycodone/APAP before. None of the reports document any pain scales, functional changes, or specific Activities of Daily Living (ADL) improvements. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, there is no documentation to show that chronic opiate usage is benefitting this patient in a meaningful way. The treater does not discuss "outcome measures," the four A's (Analgesia, ADL's, Adverse effect, Adverse behavior) as required by MTUS either. The request is not medically necessary and appropriate.