

<b>Case Number:</b>	CM14-0015229		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported injury on 08/01/2007. The mechanism of injury was the patient was moving a display gas outdoor campfire which weighed approximately 200 pounds with the help of a coworker when he sustained a twisting injury to his right knee and back. The medication history included opiates as of 01/2013. The documentation of 01/13/2014 revealed the patient had chronic low back pain with bilateral lower extremities pain and right knee pain. Diagnoses included chronic pain syndrome, disc displacement with radiculitis in the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, sacroiliitis, not otherwise classified, scoliosis associated with other condition, knee joint replacement by other means, pain in joint, ankle and foot, and adjustment disorder with mixed anxiety and depressed mood. Treatment plan included a refill of Percocet tablets 10/325 mg 1 tablet orally every 6 hours with a maximum of 4 per day, quantity 120 and a refill of Opana ER extended release 10 mg tablets 1 tablet by mouth every 8 hours, quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain;ongoing management Page(s): 60; 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation the injured worker had an objective decrease in pain as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates since early 2013. There was lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for percocet 10/325 mg #120 is not medically necessary and appropriate.

**OPANA ER 10MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60;78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and documentation the injured worker had an objective decrease in pain as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates since early 2013. There was lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 10 mg #90 is not medically necessary and appropriate.