

<b>Case Number:</b>	CM14-0152321		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in California & Washington. 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 44-year-old male who reported an injury on 05/17/2004 due to a fall from a ladder. The injured worker ultimately underwent low back surgery and developed chronic pain. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 08/29/2013. Physical examination findings were all within normal limits. The injured worker's diagnoses included post laminectomy syndrome of the cervical spine, post laminectomy syndrome of the lumbar spine and chronic pain syndrome. The injured worker's medications included Colace 100 mg, Lyrica 150 mg, OxyContin 80 mg, and Percocet 10/325 mg. A request for medication refill was submitted. No request for authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, evidence the injured worker is monitored for aberrant behavior, and a quantitative assessment of pain relief. The most recent clinical documentation submitted for review did not include a quantitative assessment of pain relief to support efficacy of this medication. There was no indication of functional benefit resulting from the use of this medication. The clinical examination submitted on 08/29/2014 did not provide any evidence of pain complaints or abnormalities that would require medication management. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Percocet 10/325 mg #180 is not medically necessary or appropriate.

**Oxycontin 80mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, Long-term users of opioids, Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, evidence the injured worker is monitored for aberrant behavior, and a quantitative assessment of pain relief. The most recent clinical documentation submitted for review did not include a quantitative assessment of pain relief to support efficacy of this medication. There was no indication of functional benefit resulting from the use of this medication. The clinical examination submitted on 08/29/2014 did not provide any evidence of pain complaints or abnormalities that would require medication management. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested OxyContin 80 mg #90 is not medically necessary or appropriate.

**Colace 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. [44 references]

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Treatment Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend the prophylactic treatment of constipation when opioids are used to manage chronic pain. However, the clinical documentation submitted for review on 08/29/2014 does not identify any

abnormalities that would require medication or opioid usage. Therefore, the prophylactic treatment of constipation would also not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Colace 100 mg #60 is not medically necessary or appropriate.