

<b>Case Number:</b>	CM14-0174572		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/26/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 injured worker is a 49-year-old woman with date of injury 6/26/11 involving the left upper limb, low back, neck and left knee. She is being treated for diagnoses which include rotator cuff tear, cervical generative disc disease and lumbar spondylosis. Pain management consultant documentation indicates trial of NSAIDs with intolerable side effects, and ineffective epidural steroid injection trial. She has been maintained on nortriptyline for neuropathic pain and OxyContin and Percocet for somatic pain. The patient reports constant pain. With medication the pain level is 5/10. Without medication the pain level was 10 /10. Physical exam was notable for tender left knee and positive bilateral straight leg raise testing. OxyContin was eventually titrated to 60 mg every 8 hours and Percocet 10/325 was provided every 4 hours as needed for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for opioid use Page(s): 76-87.

**Decision rationale:** The treating physician attempted to titrate OxyContin in order to minimize the need for short-acting pain medication usage. OxyContin dose started at 20 mg twice daily and Percocet was written for 1 tablet every 4 hours as needed. OxyContin was eventually titrated to 60 mg every 8 hours. Despite increased doses of OxyContin there is no significant change in the patient's reported pain level of 5/10 with medications. In addition documentation fails to demonstrate functional improvement. According to MTUS guidelines continuation of opioids is recommended if the patient has returned to work or if the patient has improved functioning and pain. Documentation does not demonstrate improved pain or function with medication titration at the higher dose. The request for Oxycontin 60mg, #90 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for opioid use Page(s): 76-87.

**Decision rationale:** The treating physician attempted to titrate OxyContin in order to minimize the need for short-acting pain medication usage. OxyContin dose started at 20 mg twice daily and Percocet was written for 1 tablet every 4 hours as needed. OxyContin was eventually titrated to 60 mg every 8 hours. Despite increased doses of OxyContin there is no significant change in the patient's reported pain level of 5/10 with medications. In addition documentation fails to demonstrate functional improvement. According to MTUS guidelines continuation of opioids is recommended if the patient has returned to work or if the patient has improved functioning and pain. Documentation does not demonstrate improved pain or function with medication titration at the higher dose. The request for Percocet 10/325mg, #180 is not medically necessary.