

<b>Case Number:</b>	CM14-0022073		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/19/1996
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in California and Nevada. 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 48 year old female who sustained an injury on 11/19/96. Mechanism of injury was not specifically discussed in the records. The injured worker was followed for complaints of chronic low back pain which had been managed with long term use of multiple medications including Oxycontin Percocet and Lidoderm patches. Prior treatment included physical therapy and series of multiple epidural steroid injections without any substantial functional improvement gained with this treatment. The injured worker was seen on 10/07/13 for complaints of persistent low back and neck pain radiating to the upper extremities. On physical examination there was tenderness to palpation in the paracervical region with restricted cervical range of motion. Tenderness to palpation was noted in the paralumbar region with loss of lumbar range of motion. Surgical consult was recommended at this evaluation. Pain management report from [REDACTED] on 10/09/13 noted medications including Oxycontin 20mg twice daily and Percocet 10/325mg every four to six hours as needed for breakthrough pain. The injured worker was also recommended to continue with Lidoderm patches changed every 12 hours. Pain management report from 01/10/14 noted ongoing complaints of neck pain and low back pain rating 10/10 on VAS. The injured worker indicated that medications were helping with pain. The injured worker was a noted smoker as of this visit. Physical examination noted decreased lumbar and cervical lordosis with tenderness to palpation spasms and loss of range of motion. Sensation was decreased in C6-7 distribution to the left upper extremity. Weakness was mild in the left upper extremity. Reflexes were 1+ at the triceps to the left side. The injured worker continued to describe a burning sensation in bilateral lower extremities. Oxycodone was increased to 30mg three times daily. Percocet was continued unchanged at this visit. Other medications included Naprosyn, Flexeril, and Protonix. Urine drug screen findings were consistent for Oxycontin and Percocet. The injured worker was recommended for further

surgical intervention and the follow up pain management evaluation on 02/14/14 noted ongoing severe pain 8/10 on VAS. The injured worker was scheduled for surgery on 03/06/14. Physical examination findings remained unchanged. The injured worker was continued on Oxycodone 30mg three times daily and Percocet 10/325mg every four to six hours as needed for breakthrough pain. The requested Oxycontin 30mg quantity 90 and Percocet 10/325mg quantity 120 were denied by utilization review on 02/04/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OXYCONTIN 30MG #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Oxycontin 30mg quantity 90, this reviewer recommends this medication as medically necessary based on clinical documentation submitted for review and guidelines. The injured worker noted pain relief obtained with the continued use of OxyContin as a baseline pain medication. The injured worker had an increase in pain in 2014 for which OxyContin was increased from 10mg to 30mg. Urine drug screen findings have been consistent with this medication. In conjunction with Percocet for breakthrough pain the injured worker had ongoing pain improvement. Furthermore the injured worker was scheduled for surgical intervention in March of 2014. Given the anticipation of further surgical intervention for which the injured worker would have a substantially increased amount of pain as well as the efficacy obtained from OxyContin as of February of 2014, and as the compliance testing was consistent, this request is medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Percocet 10/325mg quantity 120, this reviewer recommends this medication as medically necessary based on clinical documentation submitted for review and guidelines. The injured worker noted pain relief obtained with the continued use of Percocet used as a breakthrough pain medication. Urine drug screen findings have been consistent with this medication. In conjunction with Oxycontin for baseline pain control, the injured worker had ongoing pain improvement. Furthermore the injured worker was scheduled for surgical intervention in March of 2014. Given the anticipation of further surgical intervention for which the injured worker would have a substantially increased amount of pain as

well as the efficacy obtained from Percocet as of February of 2014, and as the compliance testing was consistent, this reviewer would have recommended certification for the request.