

<b>Case Number:</b>	CM14-0030273		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 3/20/12 date of injury. At the time (2/11/14) of request for authorization for 10/325 MG #180 and Oxycontin 60 MG #90, there is documentation of subjective findings of neck and back pain rated as a 4 out of 10 with medications and objective findings of decreased cervical range of motion due to pain, moderate palpable circumscribed spasms of the thoracic paraspinal musculature with positive twitch response, and decreased thoracic flexion and extension due to pain. The current diagnoses are chronic thoracolumbar pain, lumbar strain without radiculopathy, and myofascial pain syndrome. The treatment to date includes ongoing therapy with Percocet and Oxycontin with decrease in pain levels and functional improvement in activities of daily living. In addition, medical report identifies a signed narcotic agreement. Regarding Oxycontin 60 MG #90, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG #180:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic thoracolumbar pain, lumbar strain without radiculopathy, and myofascial pain syndrome. In addition, given documentation of a signed narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Percocet with decrease in pain levels and functional improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Percocet. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325 MG #180 is medically necessary.

**OXYCONTIN 60 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80; 92.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic thoracolumbar pain, lumbar strain without radiculopathy, and myofascial pain syndrome. In addition, given documentation of a signed narcotic agreement, there is documentation that the prescriptions are from a single

practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Oxycontin with decrease in pain levels and functional improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycontin. However, despite documentation of chronic pain rated as a 4 out of 10 with medications, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 60 MG #90 is not medically necessary.