

<b>Case Number:</b>	CM14-0056284		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/16/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Medicine 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 42 year old male who sustained an injury on 06/16/09. No specific mechanism of injury was noted. The injured worker was followed for chronic complaints of back neck and knee pain. Prior treatment included acupuncture therapy which provided some benefit in terms of pain relief. The injured worker was provided narcotic medications on a chronic basis including OxyContin and Norco. As of 04/04/14 physical examination findings continued to note tenderness to palpation in the cervical spine with decreased range of motion. There was also pain in the lumbosacral region with decreased range of motion. No neurological deficit was identified. At this visit the injured worker was continued on OxyContin 80mg every eight hours and Norco 10/325mg every four to six hours for pain. The injured worker was not working at this visit. Follow up on 05/07/14 noted continuing complaints of neck in the neck low back and right knee. The injured worker was still being seen by acupuncturist for pain management. Physical examination findings remained unchanged. The injured worker was recommended to continue with prescription medications including OxyContin and Norco at this visit. The requested Oxycontin 80mg quantity 90 with six refills and Norco 10/325mg was denied by utilization review on 04/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Oxycontin 80 mg. # 90 with 6 refills: Upheld**

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

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

**Decision rationale:** This request is not medically necessary. It was noted in the prior utilization review that this medication was modified to a quantity of 50. There is insufficient documentation establishing the clear functional benefit obtained with Oxycontin. Furthermore, the requested amount of medications was far in excess of what is recommended by guidelines. Current evidence based guidelines recommend there be ongoing assessments of functional improvement and pain reduction with the use of strong narcotics such as OxyContin to warrant their continuing use. Therefore, the request as submitted was not medically necessary.

**1 prescription for Norco 10/325 mg.:** Upheld

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

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

**Decision rationale:** This request is not medically necessary. It was noted in the prior utilization review that this medication was modified to a quantity of 180. There is insufficient documentation establishing the clear functional benefit obtained with Norco. Furthermore, the requested amount of medications was far in excess of what is recommended by guidelines. Current evidence based guidelines recommend there be ongoing assessments of functional improvement and pain reduction with the use of short acting narcotics such as Norco to warrant their continuing use. Therefore, the request as submitted was not medically necessary.