

<b>Case Number:</b>	CM14-0066068		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Anesthesiologist has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old male who reported an injury on 12/04/2006. The diagnosis included cervical spondylosis with myelopathy. The injured worker underwent an MRI of the cervical spine. Surgical history included left shoulder arthroscopic repair and bilateral knee arthroscopic repair. Documentation indicated the injured worker had utilized opiates since at least 10/2013. The mechanism of injury was not provided. Prior treatments included a medial branch block, medications, surgical intervention and urine toxicology screening. Documentation of 04/05/2014 revealed the injured worker was taking his medications regularly and the medications were helping with pain. The physical examination revealed the injured worker had a wide based gait and moderate tenderness to palpation at C5-7 bilaterally. The injured worker had decreased strength bilaterally in the knee extensors of 4/5. The diagnoses included headache, trigeminal neuralgia, cervical disc disease and cervical facet syndrome, lumbar disc disease and lumbar facet syndrome, as well as chronic pain. The treatment plan included a rhizotomy and a refill of oxycodone 30 mg 1 by mouth every 4 to 6 hours #120 and Percocet 10/325 one by mouth every 4 to 6 hours, as well as a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective improvement in function and objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 10/2013. There was documentation the medications were helping the injured worker with his pain and that the injured worker was taking his medication regularly. However, there was lack of documentation of objective functional improvement and an objective decrease in pain. The injured worker was being monitored for aberrant drug behavior and side effects. If the injured worker was utilizing the medications 4 times per day the oral morphine equivalents would be 220 mg; if the injured worker was utilizing the medication 6 times the oral morphine equivalents would be 330 mg. Either usage exceeds the guideline recommendations of 120. The request as submitted failed to indicate the frequency and the quantity for the requested medications. Given the above, the request for oxycodone 30mg is not medically necessary.

**Percocet 10/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective improvement in function and objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 10/2013. There was documentation the medications were helping the injured worker with his pain and that the injured worker was taking his medication regularly. However, there was lack of documentation of objective functional improvement and an objective decrease in pain. The injured worker was being monitored for aberrant drug behavior and side effects. If the injured worker was utilizing the medications 4 times per day the oral morphine equivalents would be 220 mg; if the injured worker was utilizing the medication 6 times the oral morphine equivalents would be 330 mg. Either usage exceeds the guideline recommendations of 120. The request as submitted failed to indicate the frequency and the quantity for the requested medications. Given the above, the request for Percocet 10/325 mg is not medically necessary.

