

<b>Case Number:</b>	CM14-0075283		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/26/1986
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 57-year-old male with a 6/26/86 date of injury. At the time (4/25/14) of request for authorization for Oxycontin 40mg #120 and Percocet 10/325mg #120, there is documentation of subjective (increased pain and numbness in the low back and bilateral lower extremities) and objective (BP 121/88, pulse 60, BMI 31.45) findings, current diagnoses (strain/sprain of the lumbar spine, superimposed upon discogenic disease, meniscus tear of the left knee secondary to low back injury, left shoulder mild bursitis), and treatment to date (medications (including Oxycontin and Percocet since at least 11/13)). 4/15/14 medical report identifies decreased pain and increased function with the use of medications, and that without medications the patient would have significant difficulty tolerating even routine activities of daily living. In addition, 4/15/14 medical report identifies an opioid agreement and that the patient denies negative side effects with medication and that there are no aberrant drug behaviors and that the patient uses the medications as prescribed. There is no documentation that the prescriptions are from a single practitioner and the lowest possible dose is being prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #120:** Upheld

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

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

**Decision rationale:** 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. 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 strain/sprain of the lumbar spine, superimposed upon discogenic disease, meniscus tear of the left knee secondary to low back injury, left shoulder mild bursitis. In addition, there is documentation that the prescriptions are taken as directed and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of decreased pain and increased function with the use of medications, and that without medications the patient would have significant difficulty tolerating even routine activities of daily living, there is documentation of functional benefit or improvement as a result of Oxycontin use to date. However, there is no documentation that the prescriptions are from a single practitioner and the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 40mg #120 is not medically necessary.

**Percocet 10/325mg #120:** Upheld

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

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

**Decision rationale:** 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. 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 strain/sprain of the lumbar spine, superimposed upon discogenic disease, meniscus tear of the left knee secondary to low back injury, left shoulder mild bursitis. In addition, there is documentation that the prescriptions are taken as directed and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of decreased pain and increased function with the use of medications, and that without medications the patient would have significant difficulty

tolerating even routine activities of daily living, there is documentation of functional benefit or improvement as a result of Percocet use to date. However, there is no documentation that the prescriptions are from a single practitioner and the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg #120 is not medically necessary.