

<b>Case Number:</b>	CM14-0191296		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/22/1998
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Pain Management and Rehabilitation 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:

The injured worker is a 40-year-old female who sustained a work related injury on 2/22/98 and continues to have persistent pain in the thoracolumbar region. The treating physician's report dated 8/28/14 indicates that the injured workers pain is reduced by 50% with her medication. Her current pain level is graded 4/10 on a numerical pain scale. Records indicate that the injured worker currently takes Voltaren gel, Percocet, OxyContin, Aciphex, Macrodent, Estrace, Zithromax, Vesicare, Elmiron, Adderale, and Lamictal. Records indicate she had a spinal stimulator implanted. Examination notes indicate severe tenderness over the mid and lower thoracic area and diffuse tenderness in the lower lumbar region. Range of motion was noted to be limited secondary to pain in the thoracolumbar area. The current diagnoses are: 1. Herniated disc T2-3, T6-7. 2. Chronic Pain Syndrome. 3. Facet arthropathy, Thoracic. 4. Compression fracture, thoracic spine. The current request is for Prescription for Percocet 10/325mg #180 and 1 Prescription for OxyContin 80mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Percocet 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-89.

**Decision rationale:** The injured worker presents with persistent mid to lower thoracic and lumbar pain. The current request is for 1 Prescription for percocet 10/325mg #180. Percocet contains a combination of acetaminophen and Oxycodone. Oxycodone is an opioid pain medication. Acetaminophen is a less potent pain reliever that increases the effects of Oxycodone. Records indicate this is an ongoing prescription. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the medical records provided, there is one statement which suggests that the injured worker is receiving a 50% reduction in pain while on the medication. However, there is no pain assessment or outcome measures which document current pain, average pain or least pain. There is no documentation which documents intensity of pain after taking the opioid or the time it takes for the Percocet to work or the duration of pain relief. There are no baseline documentation to assess how the medication worked versus non opioid medication. There is no documentation of improvement of function or activities of daily living. For this reason the documentation does not establish medical necessity based on the current guidelines. There is also no documentation of adverse effects or aberrant behavior addressed. The request for Percocet 10/325 is not medically necessary.

**1 Prescription for OxyContin 80mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77-89.

**Decision rationale:** The injured worker presents with persistent mid to lower thoracic and lumbar pain. The current request is for 1 Prescription for OxyContin 80mg #90. OxyContin (Oxycodone) is an opioid pain medication, sometimes called a narcotic. Records indicate this is an ongoing prescription. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the records, there is one statement which suggests that the injured worker is receiving a 50% reduction in pain while on the medication. However, there is no pain assessment or outcome measures which document current pain, average pain or least pain. There is no documentation which documents intensity of pain after taking the opioid or the time it takes for the OxyContin to work or the duration of pain relief. There are no baseline documentation to assess how the

medication worked versus non opioid medication. There is no documentation of improvement of function or activities of daily living. For this reason the documentation does not establish medical necessity based on the current guidelines. There is also no documentation of adverse effects or aberrant behavior addressed. The request for OxyContin 80mg is not medically necessary.