

<b>Case Number:</b>	CM15-0007801		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 30, 2008. In Utilization Review Report dated December 31, 2014, the claims administrator failed to approve request for oxycodone-acetaminophen. The claims administrator referenced an RFA form received on December 23, 2014 in its determination. The applicant's attorney subsequently appealed. In a March 30, 2014 Medical-legal Evaluation, it was acknowledged that the applicant was no longer working and had last worked in May 2009. The applicant stated that she received epidural steroid injections without relief. The applicant stated that she was apparently considering pursuit of spine surgery. The applicant's medication list included Norco, Ambien, Neurontin, and unspecified psychotropic medications, the medical-legal evaluator reported. In a handwritten note dated August 12, 2014, the applicant was described as having severe lumbar spinal stenosis. The applicant was using OxyContin and Dulcolax, it was noted. The applicant was status post lumbar fusion in October 2010 and subsequent hardware removal in November 2012, it was stated on this occasion. In a handwritten note dated August 19, 2014, the applicant was again placed off of work, on total temporary disability. Wellbutrin and Percocet were endorsed. No discussion of medication efficacy transpired. On September 9, 2014, several topical compounded medications were endorsed, along with Norco. The applicant was, once again, placed off of work, on total temporary disability. On September 30, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was asked to pursue a lumbar fusion surgery. A walker, Soma,

and Norco were endorsed while the applicant was kept off of work. No discussion of medication efficacy transpired on this date. On October 21, 2014, the applicant was, once again, placed off of work, on total temporary disability. A urine drug test report dated January 14, 2014 suggested that the applicant was using Norco, Ambien, and Percocet as of that point in time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycod/APAP tab 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management When to Continue Opioids Page(s): 78; 80.

**Decision rationale:** No, the request for oxycodone-acetaminophen (Percocet), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider has not furnished a clear or compelling rationale for concurrent provision of two separate short-acting opioids, Percocet and Norco. It is further noted that the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Percocet. The attending provider's handwritten progress notes failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Percocet (oxycodone-acetaminophen) usage. Therefore, the request was not medically necessary.