

<b>Case Number:</b>	CM15-0222191		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 45 year old male, who sustained an industrial injury on 9-5-2006. Diagnoses include bilateral foot pain, multi-level peripheral nerve entrapment, and lumbar degenerative disc disease with spondylosis, stenosis, and radiculopathy. Treatments to date include activity modification, single point cane, medication therapy, epidural steroid injection, medial branch blocks, and rhizotomy. On 8-27-15, he reported minimal relief with Norco use. His pain was rated 8 out of 10 VAS. The records documented an order to discontinue Norco for short acting pain relief, and change to Percocet 10-325mg. On 9-24-15, he complained of ongoing low back pain and pain in bilateral ankles. A recent rhizotomy was noted to provide 50% relief. Medications included OxyContin 60mg four times daily. Medications were noted to provide 50% relief for 4-8 hours. The physical examination documented decreased lumbar range of motion with tenderness. The plan of care included decreasing OxyContin to 60mg from four times daily to three times daily. The appeal requested authorization for OxyContin 60mg #90, Percocet 10-325mg #90, and Docusate Sodium 100mg #60. The Utilization Review dated 10-29- 15, denied the request, however, weaning was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate sodium 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The continuation of opioids as prescribed below is not medically necessary. Therefore, the continued use of Docusate is not medically necessary.

**Oxycontin 60mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for several months along with Hydrocodone in doses exceeding the 120 mg of Morphine recommended daily. Continued and chronic use of Oxycontin is not medically necessary.

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco prior without significant improvement in pain or function. No one opioid is superior to another. The combined dose of Oxycontin and Percocet exceeded 120 mg. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.