

<b>Case Number:</b>	CM15-0055760		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/18/2004
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California  
 Certification(s)/Specialty: Internal 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 injured worker is a 57 year old female, who sustained an industrial injury on March 18, 2004. She has reported bilateral knee pain, bilateral hip pain, bilateral shoulder pain, and lower back pain. Diagnoses have included chronic pain syndrome, hip bursitis, and lumbar spine disc bulge. Treatment to date has included medications, lumbar spinal fusion with subsequent removal of hardware, cerebrovascular accident, total knee arthroplasty, knee injections, use of a walker and cane, therapy, imaging studies, and diagnostic testing. A progress note dated February 9, 2015 indicates a chief complaint of lower back pain. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Oxycontin is indicated for the management of moderate to severe pain. Medical records document a history of cerebral vascular accident stroke, right total knee replacement, left humerus fracture, and rib fractures. Medical records document a history of lumbar spine decompression L4 -5 and posterior fusion L4-S1 11/15/07, lumbar spine status post hardware removal 6/18/09, lumbar laminectomy and removal of posterior spinal fusion hardware. The orthopedic and neurologic evaluation report dated February 9, 2015 documented a history of low back pain and stroke. The patient has chronic low back pain. The patient underwent lumbar surgery in 11/07 with L4-S1 decompression and fusion. The patient was admitted to the hospital on June 18, 2009 for removal of hardware. The patient's postoperative hospital course was complicated by acute development of left sided weakness, confusion and slurred speech. A head CT and head MRI showed evolving acute, right middle cerebral artery infarct involving the temporal lobe. The patient has right knee replacement 5/6/13. The patient fell and broke her left arm. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Oxycontin is indicated for the management of moderate to severe pain. The medical records provide support for the use of Oxycontin. The request for Oxycontin is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Oxycontin 20 mg is medically necessary.

**Percocet 5/325mg QTY: 90.00:** Overtuned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe

pain. Medical records document a history of cerebral vascular accident stroke, right total knee replacement, left humerus fracture, and rib fractures. Medical records document a history of lumbar spine decompression L4 -5 and posterior fusion L4-S1 11/15/07, lumbar spine status post hardware removal 6/18/09, lumbar laminectomy and removal of posterior spinal fusion hardware. The orthopedic and neurologic evaluation report dated February 9, 2015 documented a history of low back pain and stroke. The patient has chronic low back pain. The patient underwent lumbar surgery in 11/07 with L4-S1 decompression and fusion. The patient was admitted to the hospital on June 18, 2009 for removal of hardware. The patient's postoperative hospital course was complicated by acute development of left sided weakness, confusion and slurred speech. A head CT and head MRI showed evolving acute, right middle cerebral artery infarct involving the temporal lobe. The patient has right knee replacement 5/6/13. The patient fell and broke her left arm. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The medical records provide support for the use of Percocet. The request for Percocet 5/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 5/325 mg is medically necessary.