

<b>Case Number:</b>	CM15-0082436		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/15/2005
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 65 year old male, who sustained an industrial injury on 6/15/2005. He reported low back pain. The injured worker was diagnosed as having lumbar spine disc degeneration status post fusion. Treatment to date has included medications, surgery, and x-rays. The request is for Flomax, Percocet, and Oxycontin. On 3/12/2015, he was started on Oxycontin and Percocet. He was reportedly taking a fair amount of pain medications, and the provider indicated wanting to try weaning him off some of his medications as he was felt to be taking a little too much Percocet. On 3/31/2015, he reports feeling better. He is status post lumbar fusion on 3/6/2015, and is reported to be improving significantly. The treatment plan included: Tramadol, Soma, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flomax 0.4mg QTY: 14.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/25657550>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Flomax (Tamsulosin) <http://www.drugs.com/pro/flomax.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Flomax (Tamsulosin). FDA Prescribing Information indicates that Flomax (Tamsulosin) is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). The orthopedic report dated March 12, 2015 did not document signs and symptoms of benign prostatic hyperplasia (BPH). No rationale for the Flomax was documented. The medical necessity of Flomax is not established. Therefore, the request for Flomax is not medically necessary.

**Percocet 10/325mg #90.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Oxycodone/Acetaminophen (Percocet) Page 92. 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 break-through 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. The orthopedic report dated March 12, 2015 documented that the patient is status post posterior lumbar interbody fusion he had at L4-5, laminectomy at L2, L3, L4, and hemilaminectomy at L5. He pain across the lumbar spine. He has discomfort in the lumbar spine. He has less neurogenic claudication, but severe restriction in range of motion with extension, extension and rotation, with a little motor deficit secondary to pain. The diagnosis was disc degeneration lumbar spine status post fusion. 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 request for Percocet 10/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 10/325 mg is medically necessary.

**Oxycontin 10mg #60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Oxycodone Page 92.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that Oxycontin tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. The orthopedic report dated March 12, 2015 documented that the Oxycontin would be only on a prn basis. Per MTUS, Oxycontin tablets are not intended for use as a prn analgesic. Therefore, the use of Oxycontin is not supported by MTUS guidelines. Therefore, the request for Oxycontin is not medically necessary.