

<b>Case Number:</b>	CM14-0161814		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Geriatrics and is licensed to practice in New York. 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 31 year old man with a date of injury of 12/21/12. He was seen by his secondary treating physician on 9/4/14 with complaints of low back pain radiating down his right leg to foot. He stated that "resting and medications improve his pain." His medications included Celebrex, Percocet and OxyContin. He noted functional improvement with the pain. His exam showed 5/5 bilateral lower extremity strength with a midline laminectomy lower thoracic to the upper lumbar region with a negative straight leg raise bilaterally. He had mild to moderate pain with lumbar flexion and extension. His diagnoses were lumbar radiculopathy, chronic pain syndrome and post-laminectomy pain syndrome. At issue in this review is the refill of OxyContin (increased dose), Percocet and Celebrex. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg PO QID PRN Pain #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 31 year old injured worker has chronic back pain with an injury sustained in 2012. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The office visit of 9/4/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify long-term use. Additionally, rest helped his pain and the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated in the note. Therefore, the request for Percocet 10/325mg PO QID PRN Pain #120 is not medically necessary.

**Celebrex 200mg PO QD #30 for Pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This 31 year old injured worker has chronic back pain with an injury sustained in 2012. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status or a discussion of side effects to justify ongoing use. He is also receiving opioid analgesics and the medical necessity of Celebrex is not substantiated. The request for Celebrex 200mg PO QD #30 for Pain is not medically necessary.

**Oxycontin 40 MG PO Every 12 Hrs #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning Medications Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 31 year old injured worker has chronic back pain with an injury sustained in 2012. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The office visit of 9/4/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify long-term use. Additionally, rest helped his pain and the

long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of OxyContin is not substantiated in the note. The request for Oxycontin 40mg PO Every 12 Hrs #60 is not medically necessary.