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| <b>Case Number:</b>   | CM14-0083900 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 03/17/2002 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 05/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/05/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 60 years old male who was injured on 03/17/2002 when he missed a step causing him to twist his right ankle and fell to his knees. Prior treatment history has included Physical therapy, acupuncture, TENS, and chiropractic care. Toxicology reports dated 05/01/2014 detected MS-Contin, Gabapentin, and Percocet and revealed consistent results. On 05/01/2014, the patient presented with complaints of neck pain and back pain which interferes with some of his activities of daily living. He rated his pain as 3/10. On exam, range of motion is slightly decreased in the head and neck as well as the spine. The patient is diagnosed with cervical radiculopathy, low back pain, and lumbar radiculopathy. The patient was recommended to continue Oxycodone/APAP (Percocet) 10/325 mg which he has been using since 10/22/2013. Prior utilization review dated 5/22/2014 states the request for Oxycodone/APAP 10/325mg, days' supply 30, Quantity 60, Med 30 is certify to allow for weaning to off over the next 3-6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 10/325mg, days supply 30, Quantity 60, Med 30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Page:78-80,86-87.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** The above MTUS guidelines for ongoing opioid management states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)." In this case, the provided documentation does address the 4 A's. Note from 5/1/14 states "... Percocet 10 mg does keep his pain with fairly tolerable and stable feel... The patient clearly denies any significant side effects or issues related to these medications and do feel that they are absolutely necessary for their overall functionality and improved quality of life... Patient informed that over escalation of pain medications, use of illicit substances, showing positive for non prescribed medications and or negative for none prescribe medications and receiving medications from non- TPC providers is a violation of the narcotic contract and is grounds for discharge." Finally, toxicology report from 5/1/14 is consistent with patient's prescribed medications. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.