

<b>Case Number:</b>	CM14-0084827		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 51 year old male who was reportedly injured on 06/03/2010. Mechanism of injury is not listed in the records reviewed. Magnetic resonance image dated 03/28/2013 revealed multilevel Schmorl's node complexes. According to the last progress report dated 05/13/2014 the injured worker complained of severe spinal and right leg pain that had worsened over the past 3 months. It is noted the epidural steroid injection for the mid-back and low back did not result in lasting relief. The report opined that the current analgesic regimen of Percocet and Oxycontin was necessary to control his pain. The injured worker rated his pain as 7/10. On examination his gait was antalgic. His lumbar range of motion was 25 percent of expected with marked guarding in all planes. Lower extremity stretch reflexes were reduced bilaterally. There was no motor deficit of the lower extremities but he displayed give-way weakness of the right leg. There was sensory deficit of the left leg in the L4-5 dermatomes. A request for Oxycontin 10mg, quantity 60 and Percocet 10/325mg, quantity 90 was not certified on 05/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids in general conditions: and Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 80, 88-89.

**Decision rationale:** The request is incomplete. No treatment goals were stated. No dose or duration was noted. There is no assessment of function or adverse effects. There is no mention of an exercise program. There was no opioid agreement in evidence. Chronic use of opioids is not supported by quality evidence. If the pain rating was meant to be decreased while taking opioids, the medication did not appear effective, especially since he reported that his pain was worsening on medication. According to the guidelines cited, if opioids are ineffective, alternative treatment should be used. Thus, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids in general conditions: and Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80, 88-89.

**Decision rationale:** The request is incomplete. No dose or duration was noted. There is no assessment of function or adverse effects. There is no mention of an exercise program. There was no opioid agreement in evidence and no note of urine drug testing to monitor use. Chronic use of opioids is not supported by quality evidence. If the pain rating was meant to be decreased while taking opioids, the medication did not appear effective, especially since he reported that his pain was worsening on medication. According to the guidelines cited, if opioids are ineffective, alternative treatment should be used. Thus, the request is not medically necessary.