

<b>Case Number:</b>	CM15-0010923		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 39 year old male who sustained an industrial injury on 02/03/10. He reports mid to lower back pain rated at 9/10 without medications and 5/10 with medications. Treatments to date include medications, conservative care, and disc arthroplasty. Diagnoses include neck pain, chronic back pain, status post L5-S1 total disc arthroplasty. In a progress note dated 12/11/14 the treating provider reports the injured worker will be seen by a pain management physician. He also reports the injured worker walks with an antalgic gait and uses a single point cane. Pain medications were refilled. On 01/12/15, Utilization Review non-certified Percocet and OxyContin, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Percocet 10/325mg 1 Po Q4 Hrs #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document a history of L5-S1 total disc arthroplasty on 05-09-2012. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request was for retrospective Percocet 10/325 mg #180. The date of service was not specified. Without a date of service, the retrospective request for Percocet 10/325 mg #180 cannot be endorsed. Therefore, the request for retrospective Percocet 10/325 mg #180 is not medically necessary.

**Retro Oxycontin 80mg 1 Po Q8 Hrs #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document a history of L5-S1 total disc arthroplasty on 05-09-2012. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request was for retrospective Oxycontin 80 mg #90. The date of service was not specified. Without a date of service, the retrospective

request for Oxycontin 80 mg #90 cannot be endorsed. Therefore, the request for retrospective Oxycontin 80 mg #90 is not medically necessary.