

<b>Case Number:</b>	CM15-0019743		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient who sustained an injury on 04/11/2007. His diagnoses include status post left knee replacement (2006), chronic intractable pain, failed lumbar back syndrome, lumbago, lumbar degenerative disc disease, lumbar radiculopathy, myofascial pain, sciatica, arthritis of the back and rib pain. Per the progress note dated 01/12/2015, he had complaints of worsening thoracic and lumbar pain with fluctuation in severity and described as aching, cramping and spasmodic despite treatment. The objective examination revealed mild bilateral lumbar tenderness with diminished range of motion, and worsening low back pain with spasms. The current medications list includes oxycontin, percocet and lidoderm patches. His surgical history includes left knee replacement, jaw surgery and lumbar spine surgery. He has been treated with medications, conservative care, and a spinal cord stimulator. He has had urine drug screen on 11/5/2014 which was consistent with prescribed medications. The treating physician is requesting 2 prescriptions for OxyContin and 1 prescription for Percocet which were modified by the utilization review. On 01/21/2015, Utilization Review modified a request for 2 prescriptions of OxyContin 20mg #60 to the approval of 1 prescription of OxyContin 20mg #60, noting that the injured worker has been on opioid medications for well over 1 year which is unsupported in the absence of clinical evidence of quantified pain reduction or functional improvement or a return to work unless there are extenuating circumstances, the absence of these improvements despite taking the highest amounts of opioid therapy recommended and a documented continued increase in pain despite taking this medication. Weaning is recommended. The MTUS Guidelines were cited. On 01/21/2015, Utilization Review modified a

prescription for Percocet 10/325mg #120 to the approval of Percocet 10/325mg #90, noting that the injured worker has been on opioid medications for well over 1 year which is unsupported in the absence of clinical evidence of quantified pain reduction or functional improvement or a return to work unless there are extenuating circumstances, the absence of these improvements despite taking the highest amounts of opioid therapy recommended and a documented continued increase in pain despite taking this medication. Weaning is recommended. The MTUS Guidelines were cited. On 02/02/2015, the injured worker submitted an application for IMR for review of 2 prescriptions for OxyContin 20mg#60 and 1 prescription for Percocet 10/325mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **2 Prescriptions of Oxycontin 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 03/18/15) Opioids, criteria for use Oxycodone is an opioid analgesic.

**Decision rationale:** Request: 2 Prescriptions of Oxycontin 20mg #60 According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressants and other lower potency opioids like tramadol or tapentadol for chronic pain is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 2 Prescriptions of Oxycontin 20mg #60 is not established for this patient.

#### **1 Prescription of Percocet 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 03/18/15) Opioids, criteria for use

**Decision rationale:** Request: 1 Prescription of Percocet 10/325mg #120. This is a request for Percocet, which is an opioid analgesic. It contains acetaminophen and oxycodone. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressants and other lower potency opioids like tramadol or tapentadol for chronic pain is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 Prescription of Percocet 10/325mg #120 is not established for this patient at this time.