

<b>Case Number:</b>	CM15-0118072		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old who has filed a claim for chronic low back pain (LBW) reportedly associated with an industrial injury of May 10, 2011. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for OxyContin and Percocet. The claims administrator referenced an RFA form received on May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg, characterized as severe and disabling. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. The applicant was asked to continue OxyContin and Percocet. It was suggested that the applicant was using Percocet at a rate of six tablets a day. The applicant was described as disabled in several sections of the note and was seemingly kept off of work. No discussion of medication efficacy seemingly transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 15 mg, sixty count per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and has been deemed disabled, it was reported on June 12, 2015. The applicant's pain complaints were described as severe on that date. It did not appear that the applicant profited from ongoing usage of OxyContin. Therefore, the request was not medically necessary.

**Percocet 10/325 mg, 180 count per month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on June 12, 2015. The applicant reported severe and disabling pain complaints on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage on that date. Therefore, the request was not medically necessary.