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| <b>Case Number:</b>   | CM13-0013786 |                              |            |
| <b>Date Assigned:</b> | 09/26/2013   | <b>Date of Injury:</b>       | 11/17/2001 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 08/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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:

██████████ is a 40 year old woman who was injured on November 17 2001. The patient was subsequently diagnosed with chronic lumbar pain, recurrent myofascial strain, bilateral lumbar radiculopathy, and dependence on opioids. According to the note of June 24 2013, the patient was reported to have lower back pain, numbness, deep burning, shooting and stabbing pain. The symptoms were aggravated by activity. Physical examination demonstrated spinal tenderness and sacroiliac joint pain. The patient was diagnosed with degenerative disc disease, low back pain and myalgia. The patient requested authorization to prescribe OxyContin, morphine sulfate and chiropractic manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 60mg, one tablet by mouth every 12 hours, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: <(a) Prescriptions from a single practitioner taken as directed, and all

prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 non-adherent) 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> There is no clear documentation of continuous patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior. The provider is requesting long term prescription of OxyContin without a clear plan to monitor the 4 domains mentioned above. The prescription of OxyContin should be limited to one month and the patient should be re-evaluated. Therefore, the request for OxyContin 60 mg one tablet by mouth every 12 hours, #120 is not medically necessary.

**Morphine Sulfate 30mg, 2-3 tablets by mouth every 12 hours with max of 5/day, #150:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 179.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: <(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 non-adherent) 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> There is no

clear documentation of continuous patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior. The provider is requesting long term prescription of OxyContin without a clear plan to monitor the 4 domains mentioned above. The prescription of OxyContin should be limited to one month and the patient should be re-evaluated. Therefore, the request for Morphine Sulfate 30mg, 2-3 tablets by mouth every 12 hours with max of 5/day, #150 is not medically necessary.

**Chiropractic Manipulation times 8 to the SI Joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59.

**Decision rationale:** According to MTUS guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. For low back pain, a trial of 6 visits over 2 weeks is a recommended option. If effective more visits could be recommended. In this case, the patient developed a musculoskeletal pain. She fulfills the MTUS guidelines for manual therapy. However the patient should start a 2 weeks trial of 6 visits before considering more visits.