

<b>Case Number:</b>	CM13-0020445		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Internal Medicine and is licensed to practice in District of Columbia and Maryland. 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:

The patient is a 57 year old injured worker with a date of injury of September 16 2003. Their symptoms include chronic intractable lower back and bilateral hip pain. Pain worsened with prolonged sitting, standing and walking for more than 30 minutes. The patient was status post 11/24/04 anterior L4/5 and L5/S1 discectomy followed by a posterior L4 to S1 decompression, posterolateral fusion with pedicle screws, bone morphogenic protein and allograft bone graft. The patient's evaluation included the following, CT scan of lumbar spine, showed status post anterior and posterior fusion at L4-5 and L5-S1; bilateral lower extremity EMG in 2009, showed possible mild irritation of Left S1 nerve root; MRI lumbar spine in 2011, showed status post fusion of L4-5 and L5-S1 and at L1-2, the disc is desiccated and there appears to be a central disc bulge with mass effect on the traversing left L2 nerve root and moderate to severe central canal stenosis with moderate to severe left and moderate right neural foraminal narrowing. EMG in 2011 was unremarkable. The patient diagnoses included left lumbosacral radiculitis with neurogenic claudication, and post L4-L5 and L5-S1 lumbar fusion. On August 14, 2013, the patient was seen by the treating provider, and was noted to have intractable low back pain and bilateral hip pain. Pain was 7/10 in intensity and was noted to be a constant shooting pain radiating to their right leg. Medications included Norco, Soma, Ambien, and Celebrex. Examination included lumbar spine tenderness in L3-5 with limited lumbar spine range of motion, positive straight leg raising test and weakness in L4-5 myotomes. The patient was recommended to have urine drug screen, discontinuation of Norco, initiation of Oxycodone 15mg and Oxycontin 20mg. 

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Oxycontin 20mg, quantity 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78 and 80.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, 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. In addition, for chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appear limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The medical records provided for review indicated the patient's pain was constant without any improvement while on Oxycontin. There was no functional improvement noted. The request for 1 prescription of Oxycontin 20mg, quantity 60, is not medically necessary and appropriate.

**1 prescription of Oxycodone 15mg, quantity 180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Page(s): 80.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, it is recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The prescribed dose of Oxycodone is 15mg six times a day, which is a total of 134 Morphine equivalent doses. This is higher than the recommended dose per MTUS guidelines and the request cannot be supported. The request for 1 prescription of Oxycodone 15mg, quantity 180 is not medically necessary and appropriate.

