

<b>Case Number:</b>	CM13-0055690		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 39-year-old injured worker who was injured on July 30, 2009. The patient continued to experience low back pain with radiation into the lower extremities and chronic neck pain. Diagnoses included lumbar myoligamentous injury with bilateral lower extremity radiculopathy and cervical myoligamentous injury with bilateral upper extremity radiculopathy and cervicogenic headaches. Treatment included medications and cervical steroid injections. The patient underwent triple lumbar spinal fusion on July 18, 2013 and was placed on opiates for pain control. There is no documentation in the available records of opioid use prior to the surgery. On August 15, 2013 the patient requested early refills for his analgesic medications because he had been requiring higher doses. When he returned for follow up on September 19, 2013, the patient was taking up to 4, 40 mg tablets of OxyContin daily and 8-10 tablets of Norco daily. He requested to cut back to 3 tablets daily at that visit. He was using the same daily dosage when he was seen in follow up again on October 17, 2013. Request for authorization for Oxycontin 40 mg # 60 and Norco 10/325 mg #300 were submitted on October 17, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg tabs #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 74-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. In this case the patient's pain remains at 7/10 for pain. The use of the opiates is long term. There is no documented opioid contract and no setting of functional goals. Criteria are not met for long-term use of opiates. Furthermore the recommendation is that dosing does 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 requested amount of oxycodone daily is up to 120 mg daily which is equivalent to 180 mg morphine equivalents. Norco 10/325 is also requested up to 10 tablets daily. This equals 100 additional morphine equivalents. The amount of medication requested exceeds the recommended daily use and cannot be authorized. The request for Oxycontin 40mg tabs, #90 is not medically necessary and appropriate.

**Norco 10/325mg tabs #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions Page(s): 74-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient's pain remains at 7/10 for pain. The use of the opiates is long term. There is no documented opioid contract and no setting of functional goals. Criteria are not met for long-term use of opiates. Furthermore the recommendation is that dosing does 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 requested amount of Norco daily is up to 100 mg daily which is equivalent to 100 mg morphine equivalents. The requested amount of oxycodone daily is up to 120 mg daily which is the equivalent of additional 180 mg morphine. The amount of medication requested exceeds the recommended daily use and cannot be authorized. The request for Norco 10/325mg tabs, #300 is not medically necessary and appropriate.