

<b>Case Number:</b>	CM13-0059552		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/17/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Alabama. 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/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 56 year old female who was injured on 07/17/2001. The mechanism of injury is unknown. Prior medication history included Roxicodone, Lyrica, MS Contin, Xanax, and Pristiq. She has been treated conservatively with physical therapy, and home exercise program. Progress report dated 10/07/2013 states the patient has a chief complaint of low back pain and left lower extremity pain. She described the pain as aching, sharp, dull, and shooting pain. She rates the pain as a constant 8/10. She reported movement aggravates her pain and rest, sitting, medications, or massage alleviates it. On exam, the lumbar spine revealed tenderness at L5-S1. Range of motion exhibits forward flexion to 40; hyperextension to 20; right lateral bending to 20; and left lateral bend to 20. Lying straight leg raise is positive on the left as well as sitting straight leg raise. Lower extremity muscle strength is 5/5 in all muscle planes bilaterally. Sensation is decreased at the left L5 and decreased at left S1. The patient is diagnosed failed back syndrome and lumbar radiculopathy. The patient was instructed to continue with physical therapy and home exercise program. She was given Lyrica 150 mg, MS Contin 100 mg. Prior utilization review dated 11/11/2013 states the requests for Roxicodone 30 mg #240 and MS Contin 100 mg #180 were not certified as there is a lack of documented functional improvement with these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROXICODONE 30MG, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids Page(s): 74-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <Pain>, Opioids.

**Decision rationale:** The above ODG guidelines state for low back pain that opioids are not recommended except for short use for severe cases, not to exceed 2 weeks. When used only for a time-limited course, opioid analgesics are an option in the management of patients with acute low back problems. The ACOEM guidelines for low back disorders state that opioids are indicated for select patients with chronic persistent pain that is not well-controlled (as manifested by decreased function attributable to their pain) with non-opioid treatment approaches. In addition it states the indications for discontinuation of opioids are failure to result in objective functional improvement. The above MTUS guidelines state that ongoing management of opioids should include ongoing review and documentation of pain relief, functional status. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. It also states when to discontinue opioids... if there is no overall improvement in function and Current studies suggest that the upper limit of normal for opioids... is in a range from 120-180mg morphine equivalents a day. In this case, there is no documented history of objective functional improvement. In addition, the patient is on combined morphine equivalent dosing of 960mg/24hours, which far exceeds the guideline recommendations with no documentation of a specified reason for this. Finally, per MTUS guidelines above, gradual weaning is recommended for long-term opioid users and should have taken place prior. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**MS CONTIN 100MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids > Page(s): 74-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, Opioids.

**Decision rationale:** The above ODG guidelines state for low back pain that opioids are not recommended except for short use for severe cases, not to exceed 2 weeks. When used only for a time-limited course, opioid analgesics are an option in the management of patients with acute low back problems. The ACOEM guidelines for low back disorders state that opioids are indicated for select patients with chronic persistent pain that is not well-controlled (as manifested by decreased function attributable to their pain) with non-opioid treatment approaches. In addition it states the indications for discontinuation of opioids are failure to result in objective functional improvement. The above MTUS guidelines state that ongoing management of opioids should include ongoing review and documentation of pain relief, functional status. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of

function, or improved quality of life. It also states when to discontinue opioids... if there is no overall improvement in function and Current studies suggest that the upper limit of normal for opioids... is in a range from 120-180mg morphine equivalents a day. In this case, there is no documented history of objective functional improvement. In addition, the patient is on combined morphine equivalent dosing of 960mg/24hours, which far exceeds the guideline recommendations with no documentation of a specified reason for this. Finally, per MTUS guidelines above, gradual weaning is recommended for long-term opioid users and should have taken place prior. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.