

<b>Case Number:</b>	CM13-0065018		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/19/1998
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Family Practice, 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 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:

This is a 61 year old male claimant sustained a work related injury on 3/19/98 involving the low back. He had undergone a 2 level fusion of the lumbar spine and had failed spinal surgery syndrome. He had a spinal cord stimulator implanted in 2007. A CT scan of the spine in May 2013 indicated he had L5-S1 disc degeneration. A progress note on 10/31/13 indicated the claimant had 3-6/10 pain in the low back. He had difficulties with activities of daily living. Examination indicated a painful paralumbar region, reduced range of motion and a positive straight leg raise. He had been on Oxycontin 60 mg (2 tablets every 6 hours), Oxycodone 15 mg (2 tablets 4 times a day) and Baclofen 10 mg every 8 hours since at least May 2013. In addition he was given DSS 250 mg twice a day which he had used for constipation prophylaxis since at least August 2013. Prior to August 2013, the claimant had used Senakot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 60MG 2 PO Q6H #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, opioids should not exceed the dose equivalent of 120 mg of morphine. The claimant had been on nearly 480 mg equivalent of morphine per day. In addition, for chronic back pain it appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Continued use of Oxycontin is therefore not medically necessary.

**BACLOFEN 10MG 1 PO Q8H #90 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and pg 63-64 Page(s): 63-64.

**Decision rationale:** Baclofen is a muscle relaxant. According to the MTUS guidelines, it is muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the pain in chronic and the claimant had been on Baclofen for several months. There is no mention of failure of NSAIDs or Tylenol. As a result, continued Baclofen use is not medically necessary.

**DSS 250MG 1 PO Q12H #60 3 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 77 Page(s): 77.

**Decision rationale:** DSS is also known as Colace which is a stool softener used for constipation. According to the guidelines, medications such as DSS should be used for prophylaxis when initiating treatment. In this case, the claimant had been on DSS since at least August 2013. He had been on opioids prior to that date, with no indication of constipation that would precipitate the need to start DSS at a later date. In addition, he had been on Senokat without indication to switch to DSS in August 2013. Continued use is not medically necessary.

**OXYCODONE 15MG 2 PO QID #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had also exceeded the daily morphine equivalent dose of opioids with using Oxycontin. The continued use of Oxycodone is not medically necessary.