

<b>Case Number:</b>	CM13-0068197		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/13/1989
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Occupational 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 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 60 year old male who has reported back pain after an injury on September 13, 1989. His treating physician has diagnosed "low back pain" and degenerative disc disease. Records from the primary treating physician from 2012 to 2014 show ongoing office visits for back pain and opioid refills. As of 10/2/12 the injured worker was also prescribed Baclofen, Flexeril, Temazepam, and Clorazepate. Hydrocodone was prescribed as 10-325, #60 for 30 days. OxyContin was prescribed as 20 mg, #60 for 30 days. On 11/1/12 the primary treating physician noted that the injured worker had fraudulently attempted to obtain additional opioids at a pharmacy. The injured worker stated that pain was increasing. OxyContin was increased to 30 mg, #60 per month, and Hydrocodone dosage was not changed. There was no discussion of function. On 1/10/13 opioids were refilled, and OxyContin was stated to be 20 mg. On 3/7/13 Oxycontin was back to 30 mg. On 7/11/13 opioids were refilled and diazepam was prescribed. On 9/11/13 the primary treating physician noted a motorcycle accident 4 months prior, with fractured ribs and an ankle fracture, followed by an orthopedic surgeon. Percocet was added for a one month supply, for the additional pain caused by the ankle fracture. There was no discussion of any other possible prescribers, no discussion of function, and he was stated to be not working. On 12/5/13 the injured worker is reported to be healing well after the motorcycle accident. There was no discussion of the specific medical necessity for opioids, including the Percocet which had been added in 2013 after the accident. All opioids were refilled. On 1/16/14 the Percocet was stated to have been stopped. On 12/5/13 Utilization Review non-certified Percocet, OxyContin, and Hydrocodone, noting the lack of sufficient benefit, lack of indications for an additional opioid, and that the MTUS recommendations were not met. This Utilization Review decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### 1) PRESCRIPTION OF OXYCONTIN 30MG #60: Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : OxyContin: page 92; page(s) 77-81, Opioid management; page 94, Opioids, steps to avoid misuse/addiction page 80, indications, Chronic back pain page 81, Mechanical and compressive etiologies.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the Chronic Pain Medical Treatment Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. No drug tests are in the records, even after a documented episode of attempted fraudulent refills for opioids. Per the Chronic Pain Medical Treatment Guidelines, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. Over the last year, opioids have increased, with no corresponding increase in function or functional expectations. The Percocet was continued long after the acute phase of injury. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the Chronic Pain Medical Treatment Guidelines. Work status is only described as "not working". Based on the failure of prescribing per the Chronic Pain Medical Treatment Guidelines and the lack of specific functional benefit, OxyContin is not medically necessary.

### (1) PRESCRIPTION OF HYDROCODONE-ACETAMINOPHEN 10-325MG: Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone page 91; pages 77-81, Opioid management; page 94, Opioids, steps to avoid misuse/addiction, page 80, indications, Chronic back pain, page 81, Mechanical and compressive etiologies Page(s): 91,77-81,94,80,81.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the Chronic Pain Medical Treatment Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. No drug tests are in the records, even after a documented episode of attempted fraudulent refills for opioids. Per the Chronic Pain Medical Treatment Guidelines, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis,

"mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. Over the last year, opioids have increased, with no corresponding increase in function or functional expectations. The Percocet was continued long after the acute phase of injury. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the Chronic Pain Medical Treatment Guidelines. Work status is only described as "not working". Based on the failure of prescribing per the Chronic Pain Medical Treatment Guidelines and the lack of specific functional benefit, Hydrocodone APAP is not medically necessary.

**(1) PRESCRIPTION OF PERCOCET TABLET 5-325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet: page 92, page(s) 77-81, Opioid management; page 94, Opioids, steps to avoid misuse/addiction, page 80, indications, Chronic back pain, page 81, Mechanical and compressive etiologies Page(s): 92,77-81,94,81.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the Chronic Pain Medical Treatment Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. No drug tests are in the records, even after a documented episode of attempted fraudulent refills for opioids. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. Over the last year, opioids have increased, with no corresponding increase in function or functional expectations. The Percocet was continued long after the acute phase of injury. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the Chronic Pain Medical Treatment Guidelines. Work status is only described as "not working". Based on the failure of prescribing per the Chronic Pain Medical Treatment Guidelines and the lack of specific functional benefit, Percocet is not medically necessary.