

<b>Case Number:</b>	CM14-0005370		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/21/2002
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Texas. 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 injured worker is a 62-year-old male who reported an injury on 06/21/2002. The mechanism of injury was reported to be a computer falling on the injured worker's neck. Per a drug screen report dated 04/03/2013 the injured worker tested for morphine, hydrocodone, hydromorphone, and extremely high for oxycodone, in addition the injured worker tested positive for marijuana. Per a drug screen report dated 07/23/2013 the injured worker tested extremely high for morphine, hydrocodone, hydromorphone, and oxycodone, in addition the injured worker again tested positive for marijuana. Per the progress note dated 07/23/2013 only Norco and OxyContin were prescribed for the injured worker. Per the clinical note dated 10/15/2013, on clinical exam there was noted to be tenderness upon palpation of the cervical and lumbar paraspinal muscles and the right sacroiliac joint. Lumbar, shoulder and cervical ranges of motion were restricted by pain in all directions. The injured worker was reported to have had a fusion from L3 through S1 in 2010. Per the physical therapy note dated 12/06/2013, the injured worker reported that his back was feeling bad with pain radiating down both legs. The injured worker reported constant 7-9/10 stabbing pain to the low back. On physical exam, there was moderate tenderness to the lumbar spine, paraspinals, and glutes with the right greater than left. Sensation was intact. The diagnoses reported for the injured worker included right sacroiliac joint pain, status post L3 to S1 fusion, lumbar post laminectomy syndrome, lumbar disc protrusion, stenosis, facet joint pain, facet joint arthropathy, cervical facet joint pain, facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical sprain/strain, lumbar sprain/strain, bilateral shoulder pain, depression and anxiety. A Request for Authorization for Medical Treatment was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 60MG PO BID, #60 WITH 0 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 167.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-75, 78, 86.

**Decision rationale:** Per CA MTUS guidelines long acting opiates are a highly potent form of opiate analgesic, the 4 domains have been proposed for monitoring the use of these opiates, pain relief, side effects, physical and psychosocial functioning in the occurrence of any potentially aberrant drug behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a review of the overall situation with regard to non-opioid means of pain control. The MTUS guidelines recommends that opioid dosing not exceed 120mg 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. Opiates should be discontinued if there is no overall improvement in function unless there are extenuating circumstances, continuing pain or resolution of pain. Opiates can be continued if the patient has returned to work or if the patient has improved functioning in pain. Immediate discontinuation has been suggested for evidence of illegal activity including diversion, arrest, illicit drugs or alcohol or aggressive or threatening behavior in a clinic. It is then suggested that the injured worker be given a 30 day supply of medication and will be started on a slow weaning schedule. Per the provided documentation, there was repeated unaddressed illicit drug use per the urine drug screens. In addition, the injured worker rated his pain an 8/10, which is not a 50% reduction in pain. There was a lack of documentation regarding objective clinical findings that would indicate pain relief or an increase in function for this patient. In addition, per the MTUS guidelines the morphine equivalent of opioids should not exceed 120mg; however, the injured worker is currently taking the equivalent of 200mg when the opioids are combined. Therefore, the request for OxyContin 60mg PO bid #60 with 0 refills is non-certified.

**NORCO 10/325MG, 1 TAB PO BID PRN PAIN, #60 WITH 0 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 167.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-75, 78, 86.

**Decision rationale:** The California MTUS Guidelines state opiates are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain, however, for continuous pain, extended release opiates are recommended. The 4 domains for ongoing monitoring are pain relief, side effects, physical and psychosocial functioning and the occurrence of any aberrant behavior. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these

controlled drugs. The guidelines recommends that opioid dosing not exceed 120mg 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. Per the provided documentation, there was repeated unaddressed illicit drug use by the injured worker per urine drug screens. In addition, the injured worker was continuing to rate his pain at an 8/10 with pain medication, which is not a 50% reduction in pain. There was also documentation that the patient was getting prescriptions for 30 Norco and this prescription was for 60 with a lack of documentation regarding the need for the increase in the Norco. In addition, per the MTUS guidelines the morphine equivalent of opioids should not exceed 120mg; however, the injured worker is currently taking the equivalent of 200mg when the opioids are combined. Therefore, the request for Norco 10/325 mg 1 tab po bid pm pain #60 with 0 refills is non-certified.