

<b>Case Number:</b>	CM14-0007114		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/30/2013
<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 Anesthesiology 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 54 year old female injured on 05/16/08 due to an undisclosed mechanism of injury. Current diagnoses include lumbosacral neuritis, idiopathic peripheral neuropathy, myofascial pain, lumbosacral spondylosis without myelopathy, chronic pain syndrome, opioid type dependence continuous use, and reflex sympathetic dystrophy of the lower limb. The clinical note dated 01/20/14 indicates the injured worker presented with chronic low back pain status post recent lumbar laminectomy and fusion performed on 06/23/10. It also notes the injured worker is status post spinal cord stimulator implant in 2008. The documentation indicates right sciatic nerve pulsed RFA 1 year ago with subsequent 2-3 week cessation of right lateral foot tingling. The injured worker is now complaining of hypersensitivity to right lateral foot and is requesting repeat of RFA. The injured worker reports moderate coverage of bilateral extremities and lower back using spinal cord stimulator that varies with position. Bilateral lower extremity EMG/NCV on 04/03/12 showed primarily an axonal loss of motor fibers, peripheral neuropathy, and moderate severe active and chronic right S1 radiculopathy with fair reinnervation signs. The injured worker currently rates her pain at 5/10 at best and 8/10 at worst. Current medications include Gabapentin 800mg 5 times a day, compounded topical analgesic, Ibuprofen 600mg 2-3 times QD, Lidoderm 5% patch Q 12 hours, Methadone 5mg QID, Nortriptyline 100mg QD, and Oxycodone 15mg QID. Physical examination of the cervical spine reveals restricted range of motion in all planes, no intervertebral tenderness and no facet tenderness noted, several trigger points could be found in the cervical and upper shoulder area. Physical examination of the lumbar spine revealed scattered trigger points in bilateral lower spine, decreased range of motion in all planes, SI joints are non-tender, Patrick's and Gaenslen's signs are equivalent, straight leg raise test is equivocal on the right, piriformis stretch test was negative. Inspection of the right ankle shows mild erythema and mild trophic changes with

palpation of the right ankle especially in a lateral compartment mildly sensitive and allodynic. The documentation indicates continuation of Methadone 5mg tablets QID and intent to decrease Oxycodone to 15 IR QID PRN.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **METHADONE TAB 5MG DAY SUPPLY 30 QTY: 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of methadone tab 5mg cannot be established at this time.

#### **OXYCODONE TAB 15MG DAY SUPPLY 30 QTY:120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of oxycodone tab 15mg cannot be established at this time.

