

<b>Case Number:</b>	CM14-0101857		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/05/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 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 33-year-old gentleman with injury date of injury 7/5/04. The mechanism of injury was not noted. Diagnoses are chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar postlaminectomy syndrome, depressive disorder and anxiety. Requested are refills of Oxycodone ER 40 mg #90 one 3 times a day, Prilosec 20 mg #60 1 twice a day. Valium 5mg #60, 2 daily, Percocet 10/325mg #130, 1 tablet 4-5 times a day. There is an 8/14/13 Progress Report from the same provider that indicated the patient had low back pain, some numbness and tingling in the right foot. He was doing an HEP. "He finds his medications helpful to decrease pain and increase function". Pain was rated 9/10 on VAS without medications and 6/10 with medications. Pain was reported worse since his last visit. He was working part-time. Objective findings in the lower back stated that the gait was antalgic; there was tenderness left more than right, increased pain with flexion and extension, positive straight leg raise. There was no mention of any focal neurologic deficits in the lower extremities. The medication regimen was the same as is being currently requested. Morphine equivalent dose is 240-255. The requesting report of 5/27/14 noted patient had undergone one surgery and a spinal cord stimulator and is not interested in another surgery. He would like to continue with the medication management as "he finds his current regimen helpful to decrease pain and increase function". He is able to take care of his mother with the help of his medications and is able to work full-time with his medications. He is noticing an increase in neuropathic pain because he is not taking the amount of gabapentin being prescribed due to not getting it all filled at the pharmacy. He did not need refills of amitriptyline, Ambien, Flector patch or Celebrex. There was no mention of how often he took those medications. Pain is 9/10 without medications and 6/10 with medications. He feels his pain is worse since his last appointment. Objective findings do not include any neurologic deficits; there was sacro-iliac joint tenderness over the right. There is tenderness over

the right L4-S1 paraspinous muscles. Report indicated that a peer-to-peer drug assessment recommended that the patient decrease Ambien to maximum of 4 per week and he was going to try to do that. There was also recommended that he be weaned off of OxyContin and Percocet within the next 6 months but he did not want to do that at the time. Patient did not want to change more than one medication. There was mention that he tried other NSAIDs with omeprazole in the past and still had a lot G.I. upset and he would stay on the Celebrex.

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

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

#### **Oxycodone ER 40 mg #90 1 po tid: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list: Oxycodone ER, On-going management, Weaning of medications Page(s): 92, 78-80, 124. Decision based on Non-MTUS Citation Passik, 2000; California, 1994; Weaver, 2002.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 74-96.

**Decision rationale:** This is an extended release formulation of oxycodone. This contributes 180 Morphine Equivalent Dose per day. These are for use every 12 hours but the patient's taking them three times a day. There has not been a substantial change in this patient's subjective VAS pain scale in the past six-months. The patient is working at "full duty" but it is not clear if working full time or part time as this is variable in the reports. Type of job being done is not mentioned. He is able to also take care of his mother. All of the medication is said to provide functional benefit but there is no documentation of specifics regarding the opiate use. Total opiate use exceeds the MTUS recommended maximum of 120 per day of morphine equivalent dosing. Although patient may be getting some functional benefit since he is working, it is not clear that the functional benefit is derived from extended release opiates. There is no mention of the amount of short acting Percocet the patient uses for breakthrough pain but it appears that he may regularly take at least 3-5 of those per day which means that he is not getting adequate pain relief from the extended relief opiate or that he may have opioid hyperalgesia. Given the overall clinical presentation MTUS guidelines would not support ongoing chronic use of the extended-release OxyContin. Guides would support taper and wean. The evidence and the guidelines do not support continuing this medication at this dosing regimen. Thus, this is not medically necessary.

#### **Prilosec 20 mg #60 1 po bid: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk: Proton Pump Inhibitors (PPIs) Page(s): 68-69. Decision based on Non-MTUS Citation Laine, 2006; Scholmerich, 2006; Nielsen, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 68-69.

**Decision rationale:** The reports indicate that in the past that the patient got gastrointestinal side effects with NSAIDs and because of that he is now using omeprazole and Celebrex. Since he did not require a refill of Celebrex at this visit, he is not using the Celebrex regularly and he should not need to take the omeprazole except when he is taking Celebrex. Furthermore, for prophylactic dosing, once a day is all that is recommended not twice a day. There is no rationale included to support why this patient would need regular twice a day use of the omeprazole when he does not use the Celebrex regularly. Based upon the evidence and guidelines, this is not medically necessary.

**Valium 5 mg #60 2 po qd:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Baillargeon, 2003; Ashton, 2005.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 24.

**Decision rationale:** MTUS chronic pain guidelines do not support chronic use of benzodiazepines and recommend limited use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. This patient has been using this chronically, over 6 months. Therefore based on the evidence and the guidelines this is not considered be medically necessary.

**Percocet 10/325 mg #130 1 tab po 4-5 q day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list: Percocet, On-going management, Weaning of medications Page(s): 92, 78-80, 124. Decision based on Non-MTUS Citation Passik, 2000; Weaver, 2002; Washington, 2002.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 74-96.

**Decision rationale:** This contains 10 mg of oxycodone and 325 mg of acetaminophen. The instructions for the patient, is to use it for-5 per day for "breakthrough" pain. There reports do not indicate the actual average number used each day but it does appear that the patient receives #130 on a regular monthly basis. This means he is averages 4.5 per day which is 45 morphine equivalent doses. This is chronic use, not sporadic breakthrough pain use. There has not been a substantial change in this patient's subjective VAS pain scale in the past six-months. All of the medications are said to provide functional benefit but there is no documentation of specifics regarding the opiate use. Total opiate use exceeds the MTUS recommended maximum of 120 per day of morphine equivalent dosing. Although patient may be getting some functional benefit since he is working, it is not clear how much of the benefit derived from the Percocet use. Furthermore, given his total morphine equivalent dose per day of 240-255, he may have opioid

hyperalgesia. Given the overall clinical presentation MTUS guidelines would not support ongoing chronic use of the Percocet and would support tapering and weaning, which was not started. The evidence and the guidelines do not support continuing this medication at this dosing regimen. Thus, this is not medically necessary.