

<b>Case Number:</b>	CM14-0010119		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/30/1993
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of December 30, 1993. A utilization review determination dated January 10, 2014 recommends non-certification of Vicodin, OxyContin, Lyrica, Colace, and OxyContin. The review states that the patient has previously tried medication, rest, and a home exercise program. The note goes on to state that the patient's most recent urine drug screen was performed on July 1, 2011 which was inconsistent with the prescribed medications since it was negative for Hydrocodone and Hydromorphone (it should be noted that Hydrocodone is a PRN medication). The note goes on to state that a CUREs report was consistent. The treating physician has noted that the patient is employed full time and has an opiate agreement and has been compliant. The patient has responded to daily exercise and Pilates, and the medication allows the patient to continue working. The reviewer offered a modified certification which was declined. Therefore, non-certification was recommended. A progress report dated December 20, 2013 identifies subjective complaints including lower backache. The patient is taking the medication as prescribed and they are working well with no side effects. The patient is seen every 12 weeks. The patient states that she has not run out of medication and is taking them as directed. Current medications include OxyContin 10 mg twice a day, OxyContin 15 mg at bedtime, Lyrica 75 mg once a day, Vicodin ES one pill per day as needed, and Colace 100 mg twice a day. Review of systems is negative for abdominal pain, positive for constipation, and negative for diarrhea. The constipation is managed with medication. A urine toxicology report was performed on July 1, 2011 which was positive for Oxycodone and Oxymorphone and negative for Hydrocodone and Hydromorphone. It should be noted that the patient uses Hydrocodone on a PRN basis. Physical examination identifies reduced lumbar spine range of motion with tenderness to palpation of around the paravertebral muscles. Strength is normal in both lower extremities. The diagnoses include post lumbar laminectomy syndrome, lumbar

degenerative disc disease, and lumbar radiculopathy. The note indicates that the patient was able to walk while visiting her daughter in [REDACTED] due to the medication. The note also indicates that a CURES report was checked on December 20, 2013. The treatment plan recommends continuing medications and continuing a home exercise program. The patient is independent with ADLs and home chores due to the medication with no significant side effects and no aberrant behavior.

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

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

#### **VICODIN ES TABLET, DAILY AS NEEDED, #30, TWO REFILLS: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79, 120 OF 127.

**Decision rationale:** Regarding the request for Vicodin (Hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has documented that Vicodin is improving the patient's function and pain, allowing the patient to work, and causing no side effects with no aberrant use noted. There is documentation of CURES reports and consistent UDSs (since PRN medication may not show up in UDS testing). An opiate agreement is in place and informed consent has been obtained. As such, the currently requested Vicodin is medically necessary.

#### **OXYCONTIN 15 MG TABLET, ONE AT BEDTIME, #30, TWO REFILLS: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, .

**Decision rationale:** Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that OxyContin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has documented that OxyContin is improving the patient's function and pain, allowing the patient to work, and causing no side effects with no aberrant use noted. There is documentation of CURES reports

and consistent UDSs (since PRN medication may not show up in UDS testing). An opiate agreement is in place and informed consent has been obtained. As such, the currently requested OxyContin is medically necessary.

**LYRICA 75 MG ONE DAILY, #30, TWO REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

**Decision rationale:** Regarding request for Lyrica, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the requesting physician has documented that Lyrica is improving the patient's function and pain, allowing the patient to work, and causing no side effects with no aberrant use noted. There is documentation of CURES reports and consistent UDSs (since PRN medication may not show up in UDS testing). Informed consent has been obtained. As such, the currently requested Lyrica is medically necessary.

**COLACE 100 MG CAPSULE, TWICE DAILY, #60, TWO REFILLS:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment

**Decision rationale:** Regarding the request for Colace, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are recent subjective complaints of constipation, which is managed with Colace. As such, the currently requested Colace is medically necessary.

**OXYCONTIN 10 MG TABLET ONE DAILY, #60, TWO REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

**Decision rationale:** Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that OxyContin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has documented that OxyContin is improving the patient's function and pain, allowing the patient to work, and causing no side effects with no aberrant use noted. There is documentation of CURES reports and consistent UDSs (since PRN medication may not show up in UDS testing). An opiate agreement is in place and informed consent has been obtained. As such, the currently requested OxyContin is medically necessary.