

<b>Case Number:</b>	CM14-0013306		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 patient sustained an injury on 3/31/1998 while employed by [REDACTED]. Request(s) under consideration include OXYCODONE HCL 10MG, #120 and MS CONTIN 30MG, #90. Diagnoses include lumbar radiculopathy. Report of 1/21/14 from PA-c/provider noted patient with ongoing chronic low back and lower extremity pain interfering with sleep. The patient remained functionally unchanged with pain control by current medications. Trial of Lunesta was provided and refills of MS Contin and Oxycodone. The UDS was noted to be consistent (No report provided). Report of 3/7/14 noted unchanged symptom complaints. Medications list MS Contin, Clonazepam, Lunesta, Oxycodone, and Ibuprofen. Exam with tenderness, reduced lumbar range of flex/ext 100/10 degrees; positive SLR (no degree specified); diffuse decreased right leg strength; however, had all 5/5 except for EHL bilaterally with 4+/5; spasm bilaterally. Diagnoses included lumbar discogenic pain/ DDD/ radiculopathy/ failed back surgery syndrome/ facet arthropathy; shoulder pain; chronic pain; myofascial pain; anxiety disorder; hip pain; and obesity. Plan for medication refills. The patient remained P&S. The request(s) for OXYCODONE HCL 10MG, #120 was modified to #90 and MS CONTIN 30MG, #90 was modified to #60 for weaning on 1/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCL 10MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** This patient sustained an injury on 3/31/1998 while employed by [REDACTED]. Request(s) under consideration include OXYCODONE HCL 10MG, #120 and MS CONTIN 30MG, #90. Diagnoses include lumbar radiculopathy. Report of 1/21/14 from PA-c/provider noted patient with ongoing chronic low back and lower extremity pain interfering with sleep. The patient remained functionally unchanged with pain control by current medications. Trial of Lunesta was provided and refills of MS Contin and Oxycodone. The UDS was noted to be consistent (No report provided). Report of 3/7/14 noted unchanged symptom complaints. Medications list MS Contin, Clonazepam, Lunesta, Oxycodone, and Ibuprofen. Exam with tenderness, reduced lumbar range of flex/ext 100/10 degrees; positive SLR (no degree specified); diffuse decreased right leg strength; however, had all 5/5 except for EHL bilaterally with 4+/5; spasm bilaterally. Diagnoses included lumbar discogenic pain/ DDD/ radiculopathy/ failed back surgery syndrome/ facet arthropathy; shoulder pain; chronic pain; myofascial pain; anxiety disorder; hip pain; and obesity. Plan for medication refills. The patient remained P&S. The request(s) for OXYCODONE HCL 10MG, #120 was modified to #90 and MS CONTIN 30MG, #90 was modified to #60 for weaning on 1/27/14. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. There is UDS dated 9/10/13 with noted inconsistent findings of non-prescribed Alprazolam; however, no report for change in pharmacological regimen. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The OXYCODONE HCL 10MG, #120 is not medically necessary and appropriate.

**MS CONTIN 30MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

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

**Decision rationale:** This patient sustained an injury on 3/31/1998 while employed by [REDACTED]. Request(s) under consideration include OXYCODONE HCL 10MG, #120 and MS CONTIN 30MG, #90. Diagnoses include lumbar radiculopathy. Report of 1/21/14 from PA-c/provider noted patient with ongoing chronic low back and lower extremity pain interfering with sleep. The patient remained functionally unchanged with pain control by current medications. Trial of Lunesta was provided and refills of MS Contin and Oxycodone. The UDS was noted to be consistent (No report provided). Report of 3/7/14 noted unchanged symptom complaints. Medications list MS Contin, Clonazepam, Lunesta, Oxycodone, and Ibuprofen. Exam with tenderness, reduced lumbar range of flex/ext 100/10 degrees; positive SLR (no degree specified); diffuse decreased right leg strength; however, had all 5/5 except for EHL bilaterally with 4+/5; spasm bilaterally. Diagnoses included lumbar discogenic pain/ DDD/ radiculopathy/ failed back surgery syndrome/ facet arthropathy; shoulder pain; chronic pain; myofascial pain; anxiety disorder; hip pain; and obesity. Plan for medication refills. The patient remained P&S. The request(s) for OXYCODONE HCL 10MG, #120 was modified to #90 and MS CONTIN 30MG, #90 was modified to #60 for weaning on 1/27/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. There is UDS dated 9/10/13 with noted inconsistent findings of non-prescribed Alprazolam; however, no report for change in pharmacological regimen. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The MS CONTIN 30MG, #90 is not medically necessary and appropriate.