

<b>Case Number:</b>	CM14-0015245		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/20/2002
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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:

The injured worker is a 44-year-old male who reported an injury on 04/20/2002. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include postlaminectomy syndrome to the lumbar, degenerative disc disease and arthritis of the lumbar spine, chronic opiate therapy for pain, and situational depression and anxiety. His previous treatments were noted to include trigger point injections and pain medications. The physical examination reported the injured worker had mild to moderate distress with prolonged sitting, a decreased range of motion past 30 degrees of flexion and 10 degrees and extension, and lateral rotation of any type, as well as tenderness to the left sacroiliac and lumbosacral junction. There was also severe paravertebral tenderness from the upper lumbar spine down to the sacrum. The injured worker also had decreased sensation to pinprick to the left lateral leg. The Request for Authorization form was dated 01/16/2014 for Percocet 10/325, 9 per day; Ambien CR 12.5 mg every night at bedtime; ibuprofen 800 mg 3 times a day; Roxicodone 15 mg, 5 per day; Oxycontin 40 mg 3 times a day; and Methadone 10 mg every night at bedtime for 30 days. The provider's rationale was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The request for ibuprofen 800 mg is non-certified. The injured worker has been taking this medication since 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines recommend NSAIDs as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. There is a lack of evidence regarding efficacy of the NSAIDs for the injured worker's low back pain. There was also a lack of documentation regarding increased functional improvement while taking the NSAIDs. Additionally, the request failed to provide frequency at which the medication is to be utilized. Therefore, the request is non-certified.

**PERCOCET 10/325MG:** 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): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Morphine Equivalent dosage calculator.

**Decision rationale:** Percocet 10/325 mg is non-certified. The injured worker has been taking this medication since 08/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There was a lack of evidence of decreased pain on a numerical scale with the use of pain medications, improved functional status and side effects. The documentation indicated that the injured worker has not shown any aberrant drug-taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, regarding the lack of documentation for evidence of decreased pain, improved functional status; lack of documentation regarding side effects; and a lack of documentation regarding any aberrant drug-taking behaviors or a consistent drug screen or when it was last performed, the use of this medication is unknown to be appropriate at this time. Also, the morphine equivalent calculator indicated the total morphine equivalent dosage per day equals 155 MED, while the recommended daily dosage is 120MED. This is including Percocet, Roxicodone, Oxycontin, and Methadone which all together exceed recommended guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is non-certified.

**ROXICODONE 15MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG ) Morphine Equivalent dosage calculator.

**Decision rationale:** The request for Roxicodone 15 mg is non-certified. The injured worker has been taking this medication since 08/2013. According to California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There was a lack of evidence regarding decreased pain on a numerical scale with the use of medication. There was also a lack of documentation regarding improved functional status, adverse effects or indication that the injured worker has not shown any aberrant drug-taking behaviors. However, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Also, the morphine equivalent calculator indicated the total morphine equivalent dosage per day equals 155 MED, while the recommended daily dosage is 120MED. This is including Percocet, Roxicodone, Oxycontin, and Methadone which all together exceed recommended guidelines. Therefore, due to the lack of documentation regarding efficacy of the medication, functional status improvement, and a lack of documentation regarding aberrant behavior, including drug screens, it is unknown that this medication is appropriate at this time. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is non-certified.

**OXYCONTIN 40MG:** 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): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Morphine Equivalent dosage calculator.

**Decision rationale:** The request for OxyContin 40 mg is non-certified. The injured worker has been taking this medication since 08/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with the detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There was documentation regarding evidence decreased pain on a numerical scale with the use of this medication, however, there was a lack of documentation regarding improved functional status while utilizing this medication. There was also a lack of documentation regarding adverse effects as well as aberrant drug-taking behaviors by use of a urine drug screen or a CURES report. Also, the morphine equivalent calculator indicated the total morphine equivalent dosage

per day equals 155 MED, while the recommended daily dosage is 120MED. This is including Percocet, Roxicodone, Oxycontin, and Methadone which all together exceed recommended guidelines. Therefore, the lack of documentation regarding efficacy of this medication or increased function and the absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use, and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is non-certified.

#### **METHADONE 10MG:** 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): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Morphine Equivalent dosage calculator.

**Decision rationale:** The request for methadone 10 mg is non-certified. The injured worker has been taking this medication since 08/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There was a lack of documentation regarding efficacy of this medication on a numerical scale. There was also a lack of documentation regarding improved functional status, as well as no adverse effects with the use of medications were noted. The documentation indicated the injured worker has not shown any aberrant drug-taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding efficacy of this pain medication, as well as functional status or absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by guidelines. Also, the morphine equivalent calculator indicated the total morphine equivalent dosage per day equals 155 MED, while the recommended daily dosage is 120MED. This is including Percocet, Roxicodone, Oxycontin, and Methadone which all together exceed recommended guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is non-certified.