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| <b>Case Number:</b>   | CM14-0111449 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 10/03/2008 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 07/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2014 |

### 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, has a subspecialty in Interventional Spine 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 patient is a 65-year-old male with a date of injury of 10/03/2008. The listed diagnoses per Dr. [REDACTED] are: 1. Degenerative disk disease. 2. Myofascial pain. 3. Back pain. 4. Lumbar degenerative disk disease. 5. Sciatica. 6. Arthritis of the back. 7. Depressive syndrome. 8. Loss of memory, long term. 9. Elbow pain. 10. Obesity. 11. Shoulder pain. According to progress report 05/15/2014 by Dr. [REDACTED], the patient presents with neck, low back, and right ankle pain. The patient states Cymbalta is helping and the higher dose seems to be helping with his depression as well. The patient is currently tolerating his medications well without difficulty or side effects. He is using 8 Norco per day and 1 OxyContin and "doing well." Overall, the patient reports 60% improvement with the current regimen with improved pain, range of motion, activities, and ADLs. The patient's current medication regimen includes: Cymbalta, Lunesta 3 mg, Neurontin 300 mg, Norco 10/325 mg, OxyContin 10 mg, Gabapentin 600 mg, Oxycodone 10 mg, Trazodone 50 mg. On 07/03/2014, the patient complained of continued neck, low back, ankle, and shoulder pain. The patient states overall 80% improvement with current medication regimen which has improved pain, range of motion, activities, and ADLs. Treating physician states the patient's last urine drug test was reviewed which was done within the last year and "all medications were appropriate." He is requesting a refill of Norco 10/325 mg #480, Oxycodone 10 mg #60, and OxyContin 10 mg #60. Utilization review denied the request on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use Page(s): 88-89.

**Decision rationale:** Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been taking Norco, Oxycodone, and OxyContin since at least 05/23/2013 possibly longer as this report recommends continuation of these medications. In this case, the treating physician uses a pain scale to monitor patient's pain but does not correlate the pain with a specific medication. The patient is concurrently taking three different opioid medications. Furthermore, the treating physician reports "improved pain, range of motion, activities, and ADLs" but does not discuss specific functional improvement to demonstrate significant improvement as required by MTUS. There are no discussion regarding opiate management such as adverse side effects and aberrant behavior. Therefor the request is not medically necessary.

**Oxycodone 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use Page(s): 88-89.

**Decision rationale:** Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been taking Norco, Oxycodone, and OxyContin since at least 05/23/2013 possibly longer as this report recommends continuation of these medications. In this case, the treating physician uses a pain scale to monitor patient's pain but does not correlate the pain with a specific medication. The patient is concurrently taking three different opioid medications. Furthermore, the treating physician reports "improved pain, range of motion, activities, and ADLs" but does not discuss specific functional improvement to demonstrate significant improvement as required by MTUS. There are no discussion regarding opiate management such as adverse side effects and aberrant behavior. Therefor the request is not medically necessary.

**Oxycontin 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been taking Norco, Oxycodone, and OxyContin since at least 05/23/2013 possibly longer as this report recommends continuation of these medications. In this case, the treating physician uses a pain scale to monitor patient's pain but does not correlate the pain with a specific medication. The patient is concurrently taking three different opioid medications. Furthermore, the treating physician reports "improved pain, range of motion, activities, and ADLs" but does not discuss specific functional improvement to demonstrate significant improvement as required by MTUS. There are no discussion regarding opiate management such as adverse side effects and aberrant behavior. Therefor the request is not medically necessary.