

<b>Case Number:</b>	CM14-0121502		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/13/1995
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Georgia. 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 59 year old female who was injured on 12/13/1995. The mechanism of injury is unknown. Prior medication history included oxycontin, Percocet, Zanaflex, Ambien and Fioricet. Diagnostic studies reviewed include MRI of the thoracic spine dated 08/22/2011, which demonstrated an anterior interbody fusion at C5-C6; mild central stenosis and moderate bilateral foraminal stenosis at C7/T1; and superimposed degenerative changes most marked at C4-C5 where there is mild central stenosis and moderate to severe right and mild to moderate left foramina stenosis. Progress report (PR) dated 08/02/2013 noted complaints of neck and bilateral upper extremity pain; low back pain; bilateral knee pain. Pain 8/10. Medications patient was taking as of that visit were Oxycontin 30mg, on tablet PO BID; Percocet 10/325 mg, on tablet PO q 4 hours PRN pain; Zanaflex 4 mg one tablet PO q 8 hours PRN spasm; Fioricet, on tablet PO q 8 hours PRN headache; Ambien 10mg, on PO qHS. PR dated 08/02/2014 indicated the patient complained of radiating neck pain radiating down both upper extremities. She rated her pain at this visit an 8/10 and on visit dated 10/03/2013 a 9/10. On the right side, the pain radiated to all fingers of the right hand and on the left side it radiated into her palm. She also complained of low back pain extending in a band across the lower lumbar spine and radiating down both buttocks into the proximal aspect of both lower extremities. She stated she was unable to sleep at night due to the pain. On exam, there was marked tenderness in the midline of the cervical spine and midline of the lower lumbar spine. Cervical spine flexion was 45 degrees; extension to 0 degrees; left lateral flexion was 5 degrees; right lateral flexion to 5 degrees; left lateral rotation to 45 degrees and right lateral rotation to 45 degrees. Lumbar spine range of motion revealed flexion to 45 degrees; extension to 0 degrees; lateral flexion to 5 degrees; and lateral rotation to 25 degrees bilaterally. The patient was diagnosed with failed neck surgery syndrome of the cervical spine, degenerative disk disease of the lumbar spine and degenerative

joint disease. Listed diagnoses included: Failed neck surgery, cervical; syndrome, degenerative disc disease, lumbar; Degenerative joint disease. A recommendation was made for OxyContin 30 mg, Percocet 10/325 mg, and Fioricet with Codeine. Prior utilization review dated 07/14/2014 stated the request for Oxycontin 30 mg, QTY: 30 was modified to certify Oxycontin 30 mg QTY 20 to allow for appropriate taper; Percocet 10/325 mg, QTY: 180 was modified to certify Percocet 10/325 mg QTY 120 to allow for opioid taper or weaning; Fioricet with Codeine, QTY: 60 was denied as it was not medically necessary.

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

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

**Oxycontin 30 mg, QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 74-80.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include "documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also notes that discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS also recommends opioids should be continued if "the patient has improved functioning and pain." The MTUS "Overall treatment suggestions" note that a trial of opioids as a non-first-line agent for chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months, though the MTUS also notes that if the current dose of opioids is effective, there should be no "attempt to lower the dose if it is working." The medical records document a stable dose of opiate medications, including Oxycontin, since at least August of 2013. At issue is that the provided medical documents do not provide any indication whether the listed medications are providing effective relief of pain or improvement in function. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Percocet 10/325 mg, QTY: 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 74-80.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include "documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also notes that discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS also recommends opioids should be continued if "the patient has improved functioning and pain." The MTUS "Overall treatment suggestions" note that a trial of opioids as a non-first-line agent for chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months, though the MTUS also notes that if the current dose of opioids is effective, there should be no "attempt to lower the dose if it is working." The medical records document a stable dose of opiate medications, including Percocet, since at least August of 2013. At issue is that the provided medical documents do not provide any indication whether the listed medications are providing effective relief of pain or improvement in function. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Fioricet with Codine, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: McGregor, EA. In the clinic. Migraine. *Annals of Internal Medicine*. 2013 Nov 5;159(9):1TC 5-8. Langer-Gould AM, Anderson WE, Armstrong, MJ, et al. The American Academy of Neurology's Top Five Choosing Wisely Recommendations. *Neurology*. 2013 Feb 20. Published Ahead of Print. Available at: <http://www.neurology.org/content/early/2013/02/20/WNL.0b013e31828aab14.full.pdf+html>. Accessed September 25, 2014.

**Decision rationale:** Fiorcet is a combination medication which contains butalbital (a barbiturate), acetaminophen, and caffeine. The Medical Utilization Treatment Schedule (MTUS) does not recommend barbiturate-containing analgesic agents (BCAs) for chronic pain. In addition to a high potential for drug dependence, there is a risk of medication overuse as well as rebound headache. While the progress reports provided do not list headaches as a diagnosis

under treatment, the utilization review (UR) from 07/14/2014 cites a clinic note from 08/29/2011 which discusses a history of migraine headaches. The above cited articles also note that barbiturate containing analgesics are not typically recommended for use in migraine headaches. Based on the MTUS guidelines, and recommendations cited above, as well as the clinical documentation stated above, the request is not medically necessary.