

<b>Case Number:</b>	CM14-0144829		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 68 year old gentleman who sustained an industrial injury on 6/01/2004. The mechanism of injury is not clear in the records provided. Per the Primary Treating Physician's Progress Report dated 06/06/2014, he complains of pain in the lower back with radicular symptoms into the bilateral legs. He reports an aggravation in symptoms with prolonged sitting, standing lifting and walking. Lumbar spine range of motion (ROM) revealed flexion 50 degrees, extension 20 degrees, lateral bending right and left 20 degrees and straight leg raise, right and left +75 degrees. Tightness and spasm were present in the lumbar paraspinal musculature bilaterally. Diagnoses included lumbar sprain/strain, herniated lumbar disc with radiculitis/radiculopathy, right knee internal derangement, status-post right knee arthroscopic surgery, left knee mild ligamentous strain, internal derangement, and symptoms of anxiety, depression and insomnia. The plan of care included a cane for support and medication management. The work status was permanent partial disability. On 08/20/2014, Utilization Review non-certified a prescription for OxyContin 60mg #90 with 2 refills and modified a prescription for Norco 10/325mg, #120. The prescriptions were non-certified or modified based lack of documentation of functional improvement and the MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; and Office: Ongoing review and 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective findings, recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety and compliance of previous use of Norco. There is no documentation for the use of 2 opioids. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 10/325mg, #120 is not medically necessary.

**OxyContin 60mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition, according to MTUS guidelines, ongoing use of opioids should follow specific rules include: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; Office: Ongoing review and 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycontin. There is no documentation for pain and functional improvement with previous use of Oxycontin. There is no documentation of compliance of the patient with her medications. Based on the above, the prescription of OxyContin 60mg #90 with 2 refills is not medically necessary.