

<b>Case Number:</b>	CM14-0180764		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Medicine 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 33-year old climber reported injuries to his upper and lower back after trying to swing a 200-lb tree section from a truck to the ground on 5/28/08. Treatment included a lumbar spinal fusion in 8/2010, and placement of an intrathecal pain pump on 12/2/13. The injured worker had been followed in a [REDACTED] clinic, and has recently moved to [REDACTED] with change to a new primary treater. The available progress notes from the [REDACTED] clinic are all signed by a physicians' assistant. Diagnoses include thoracic spine pain, thoracic disc degeneration, lumbar radiculopathy, post lumbar spine surgery syndrome and low back pain. Medications include intrathecal Dilaudid; and oral Cymbalta, Flexeril, ibuprofen and Percocet. There are approximately monthly notes dating from 5/9/14 to 9/17/14. Each visit reports that the injured worker's pain levels are decreasing with intrathecal Dilaudid. At each visit the dose of intrathecal Dilaudid is increased by approximately 10%. According to the UR report of 10/16/14, the injured worker's original Percocet dose had been 10/325 2 every 6 hours. By 5/9/14 it had decreased to 5/325 4X per day, and by 8/5/14 to 5/325 3X per day. The Percocet dose was increased to 10/325 3X per day on 9/7/14 without explanation. None of the visits clearly document the injured worker's functional status. There are occasional comments that the injured worker's functional level is increasing and that he is more able to perform household tasks and light maintenance activities. Although not explicitly stated, it can be presumed that he is not working. The 9/17/14 note documents the injured worker's opioid risk assessment as "moderate" without explanation. The first note from his new primary treater dated 10/2/14, documents that the injured worker is taking Percocet 20 mg every 6 hours. He has experienced "modest improvement" in his back pain since intrathecal pump placement. No assessment of risk for opioid risk abuse is documented. Exam findings include high blood pressure, right leg atrophy, and decreased range of motion of both lower extremities. Current medications are listed

as Lyrica, Voltaren Topical Gel, Cyclobenzaprine, Duloxetine, Ibuprofen, and intrathecal hydromorphone. Diagnoses include chronic low back pain and elevated blood pressure. Plan includes referral to pain clinic for pain pump management, prescription for oxycodone 10 mg 2 tabs every 6 hours as needed for pain, and follow up for blood pressure monitoring. No functional status is recorded.

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

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

**(224) Tablets of Oxycodone 10mg (28 days supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for use of Opioids, Opioids for Neuropathic Page(s): 60;.

**Decision rationale:** According to the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. The remaining guidelines state that opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Opioids should be discontinued if there is no improvement in function or if there is a decrease in function. Opioids are not recommended as first-line therapy for neuropathic pain. There are very limited numbers of studies that involve opioid treatment for chronic lumbar root pain. A recent study found that chronic radicular lumbar pain did not respond to opioids in doses that have been effective for painful diabetic neuropathy and postherpetic neuralgia. The clinical findings in this case do not demonstrate that any of the above criteria have been met. There is no documentation that Percocet was introduced individually, with ongoing careful assessment of function. There is no documentation of evaluation of whether or not the patient's pain is nociceptive or neuropathic. Many of the documented symptoms (radicular pain), and treatments (Lyrica), make it appear that the patient's pain is neuropathic. Neuropathic pain does not necessarily respond well to opioids. The current treating physician made no assessment of whether or not opioid use was likely to be helpful in this patient, or of his potential for abuse. The injured worker appears to have told his new provider he was on twice the Percocet dose that he had been on in [REDACTED]. This IS aberrant drug behavior and should have been addressed at once. No specific functional goals were set or followed. Percocet was not discontinued when it became clear that it has not produced any functional improvement. There is no specific documentation of any improvement in this injured worker's level of function over a 5-month period. Based on the MTUS Guidelines cited above and the clinical information provided for review, Oxycodone 10 mg 224 tablets is not medically necessary.