

<b>Case Number:</b>	CM14-0181176		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/21/1993
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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:

The patient is a 49-year-old woman who sustained a work-related injury on August 21, 1993. Subsequently, she developed chronic low back pain. Prior treatments included: lumbar laminectomy, facet blocks, facets rhizotomy, epidural steroid injections, and opioid medications. According to a progress report dated September 3, 2014, the patient complained of persistent pain. She had shooting pain down the right leg. Overall, she was relatively unchanged over the previous month. The urine drug screen (UDS) was consistent with treatment. On the progress report of October 1, 2014, the patient noted some muscle spasm on the left hand side. This has been getting worse. On physical examination, the patient was alert and oriented. There were no signs of sedation. She had tenderness in the right thoracolumbar area. The patient was diagnosed with lumbar spondylosis, lumbar radiculopathy, and chronic pain syndrome. The provider requested authorization for Oxycontin, Oxycodone, and UDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

**Decision rationale:** According to California Medical Treatment Utilization Schedule (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 and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 of functional improvement with previous use of the Oxycodone. There is no documentation of significant pain improvement with previous use of Oxycodone. There is no recent documentation of side effects with previous use of Nacotics. Therefore, the prescription of Oxycodone 15 mg is not medically necessary.

**Oxycodone 15 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

**Decision rationale:** According to California Medical Treatment Utilization Schedule (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 and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 of functional improvement with previous use of the Oxycodone. There is no documentation of significant pain improvement with previous use of Oxycodone. There is no recent documentation of side effects with previous use of Nacotics. Therefore, the prescription of Oxycodone 15 mg is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. There is no indication that the patient is using illicit drugs or non compliant with her medications. There is no clear justification for the request of urine drug screen (UDS). Therefore, the request for urine drug screen is not medically necessary.