

<b>Case Number:</b>	CM14-0027156		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 injured worker is a 33-year-old male who reported an injury on 03/27/2002, caused by an unspecified mechanism of injury. The injured worker's treatment history included medications and trigger point injections. The injured worker was evaluated on 06/04/2014 and it was documented that the injured worker had a trigger point injection performed in 05/2014, which worked very well and still provided relief that was significant (greater than 50%). It was noted that he was able to be more physically active, and walk and stand for longer periods of time. The documentation provided stated that the injured worker was stable on the dose of opiates and he could tell the pain was less while he was on the opiates. It was noted that the injured worker could tell when the pain was less responsive to the pain medications as he had increasing lumbar tightness, spasming, and needs to twist and crack the back more frequently. It was also noted that the injured worker had occasional pain radiating down the right leg with some ankle tingling, but in general, the pain was predominantly in the lumbar spine, associated with spasming. The provider noted that the injured worker needed to continue pain medications (including opioids and muscle relaxants) and was going to start to wean the injured worker from opiates. The VAS scale measurements was 5/10. The physical examination of the lumbar spine revealed lumbar spasming and trigger points palpated was less painful. The medications included Norco 10/325 mg, Lidocaine 5% ointment, OxyContin 80 mg, and Soma 350 mg. The diagnoses included post laminectomy syndrome of the lumbar region, sacroiliitis not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbar or lumbosacral disc degeneration, fasciitis not otherwise specified, and encounter of long-term use of others medications. The Request for Authorization dated 04/07/2014 was for a prescription for OxyContin and Norco, however, the rationale was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 PRESCRIPTION FOR OXYCONTIN 80MG ER #90 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

**Decision rationale:** The request for 1 prescription OxyContin 80mg ER # 90 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen provided indicating opioids compliance. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. Furthermore, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, OxyContin is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is not medically necessary.

### **1 PRESCRIPTION FOR NORCO 10/325MG #30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

**Decision rationale:** The request for 1 prescription Norco 10/325 mg #30 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. There was no urine drug screen provided indicating opioids compliance. Furthermore, the request does not include the frequency. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, OxyContin is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is not medically necessary.