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| <b>Case Number:</b>   | CM14-0031008 |                              |            |
| <b>Date Assigned:</b> | 03/19/2014   | <b>Date of Injury:</b>       | 03/29/2000 |
| <b>Decision Date:</b> | 05/20/2014   | <b>UR Denial Date:</b>       | 02/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2014 |

### 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 Anesthesia, and is licensed to practice in Coffee. 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 female injured worker with a date of injury of 3/29/00. Per a 1/31/14 evaluation, the injured worker reported being barely comfortable on her current medications which include Soma, methadone, oxycodone, Cymbalta, Lyrica and Valium. It was noted that, without Soma or Valium, she shakes and her muscles get tight. She occasionally could walk out of the house, down the driveway and back, but this effort resulted in a couple of days in bed. She could walk around house a little bit and stated that she could stand up long enough to cook small meals. It was also stated that she could see doing an inpatient treatment program to see if another combination of medications would work or to taper off Valium and onto something else to help treat muscle spasms and her emotional state. Her back was positive for tenderness in lumbosacral area. Her diagnoses were low back issues, status post multiple surgeries with complex neurologic issues due to this and chronic pain syndrome. She was refractory to physical therapy and medication management. The date of the UR decision was 2/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 15MG #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78,91.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the available medical records reveals no documentation to support the medical necessity of oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS Chronic Pain Guidelines consider this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the medical records provided for review. The request is not medically necessary and appropriate.