

<b>Case Number:</b>	CM14-0056298		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is 56-years-old with a date of injury of May 1, 2002 with post-laminectomy syndrome and chronic low back pain who has been diagnosed with chronic low back pain, neuropathic pain, and depression since 2002. The pain is worse with sitting or standing and relieved by lying down and with medications. The worker was prescribed OxyContin for his chronic low back pain and switched from Neurontin to Lyrica for his neuropathic pain. There is a report of the worker not taking his OxyContin for 9 days and having 10/10 low back pain and leg pain. The worker also complains of numbness from the anterior left thigh to foot. The physical exam is remarkable for paraspinal tenderness and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Oxycontin Page(s): 76-80; 97.

**Decision rationale:** Oxycodone time-release (OxyContin) is a long-acting opioid agonist analgesic indicated for the management of moderate to severe pain when a continuous, around-

the-clock opioid analgesic is needed for an extended period of time. OxyContin tablets are crush resistant as an abuse deterrent while generic Oxycodone extended release does not have this abuse deterrent and is therefore, not recommended. Individualize dosing based on prior analgesic treatment experience, and titrate as needed to provide adequate analgesia and minimize adverse reactions. Per Chronic Pain Medical Treatment Guidelines, OxyContin was recently included in a list of 20 medications identified by the Food and Drug Administration's Adverse Event Reporting System, that are under Food and Drug Administration investigation (2008). According to Chronic Pain Medical Treatment Guidelines, the criteria for use of opioids of on-going management, actions should include: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available. The documentation provided on this worker states the worker had 10/10 pain after 9 days when the medication was removed. However, none of the other information necessary for ongoing monitoring has been provided, including functional status, appropriate medication use, and side effects. Nor is there any mention of a written contract, which is not a requirement, but a recommendation. Therefore, the requested Oxycontin 40mg #120 is not medically necessary.

**OxyContin 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Oxycontin Page(s): 76-80; 97.

**Decision rationale:** Oxycodone time-release (OxyContin) is a long-acting opioid agonist analgesic indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. OxyContin tablets are crush resistant as an abuse deterrent while generic oxycodone extended release does not have this abuse deterrent and is therefore not recommended. Individualize dosing based on prior analgesic treatment experience, and titrate as needed to provide adequate analgesia and minimize adverse reactions. Per Chronic Pain Medical Treatment Guidelines, OxyContin was recently included in a list of 20 medications identified by the Food and Drug Administration's Adverse Event Reporting System that are under Food and Drug Administration investigation (2008). According to Chronic Pain Medical Treatment Guidelines, the criteria for use of opioids of on-going management, actions should include: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available. The documentation provided on this worker states the worker had 10/10 pain after 9 days when the medication was removed. However, none of the other information necessary for ongoing monitoring has been provided, including functional status, appropriate medication use, and side effects. Nor is there any mention of a written contract, which is not a requirement, but a recommendation. Therefore, the requested Oxycontin 10mg #120 is not medically necessary.

**Lyrice 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrice) Page(s): 99.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrice) is an anti-epilepsy drug, also referred to as an anticonvulsant, which is considered first-line therapy for neuropathic pain for post-herpetic neuralgia and diabetic neuropathy. It is also used to treat fibromyalgia. It has Food and Drug Administration approval for these indications. This worker does not have post-herpetic neuralgia with diabetic neuropathy or fibromyalgia. Therefore, the requested Lyrice 150mg #30 is not medically necessary and is not certified.