

<b>Case Number:</b>	CM14-0073221		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/12/1999
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Pain Management 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 62 year old male with a date of injury of November 14, 1999. He was diagnosed with (a) lumbar degenerative disc disease, (b) lumbar radiculopathy, and (c) lumbar facet joint disease. In a progress report dated February 6, 2014 it was indicated that he complained of chronic low back pain which radiated into the bilateral extremities. The pain was greater on the left side than the right. It was also stated that the most debilitating portion of the pain was located in the left buttock, left hip and left leg. An examination of the low back revealed tenderness over the bilateral paravertebral muscles from L3 through S1. Difficulty in flexion was also noted and it elicited pain that shot down to his left lower extremity. Limitation of flexion was noted to be less than 10 degrees. His straight leg raising test was positive at 15 degrees in the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive Oxycontin 10mg #30 for date of service 11/14/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management; Opioids for Chronic Pain Page(s): 74, 78, 80-82.

**Decision rationale:** The requested retroactive Oxycontin 10mg, #30 is classified under long-acting opioids, which are a highly potent form of opiate analgesic. In this case, the injured worker is noted to utilize Percocet (a combination of oxycodone and acetaminophen), which is an authorized opioid medication for the injured worker. However, documentation does not provide any information indicating any improvement in pain levels or increase in functional activities with continued use of this medication, except for his claim that it was helpful. It is also unclear which of these two medications provided him with his much needed pain relief as both of them are taken simultaneously. Additionally, the evidenced-based guidelines indicated that this drug 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. For all the reasons stated above, the medical necessity of the retroactive Oxycontin 10mg, #30 is not established.

**Retroactive Valium 5mg #45 for dates of service 11/14/2013, 01/09/2014 and 02/06/2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain guidelines indicate that benzodiazepines, including Valium, are not recommended for long-term use since long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use for up to 4 weeks only. According to the medical records provided for review, Valium does not appear to be making any difference in the injured worker's pain and the injured worker has been taking this medication since at least last year. There is no report that this medication decreased the injured worker's pain levels or that it is improving function or quality of life. Valium has not been shown to provide a satisfactory response by Medical Treatment Utilization Schedule standards as per documentation. Therefore, it can be concluded that the medical necessity of retroactive Valium 5 mg is not medically necessary.

**Retroactive Oxycontin 20mg #60 for dates of service 01/09/2014 and 02/06/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management; Opioids for Chronic Pain Page(s): 74, 78, 80-82.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain guidelines indicate that Oxycontin may be recommended for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, the referenced guidelines recommend that for opioids like Oxycontin, the provider should conduct on-going monitoring using the "4 A's" which include analgesia,

activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Within the medical records provided for review, the requesting physician did not include an adequate documented assessment of the injured worker's pain including the least reported pain over the period since the last assessment, intensity of pain after taking Oxycontin, how long it takes for pain relief, and how long the pain relief lasts. Although the injured worker has undergone urine drug screens for medication compliance monitoring, there was no adequate evidence of significant objective functional improvement with the use of Oxycontin nor was there any assessment indicating if the injured worker had side effects with the medication or a lack thereof. Additionally, the injured worker stated in his January 9, 2014 evaluation that his medications were not that helpful. Therefore, it can be concluded that retroactive Oxycontin 20 mg is not medically necessary.