

<b>Case Number:</b>	CM14-0095198		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 72 year old female with an injury date of 03/20/03. Based on the 02/18/14 progress report provided by treating physician, the patient complains of low back pain and spasm that radiates to the buttock areas and left knee pain. The patient rates her pain at 8/10 with and 10/10 without medications. Patient is status post lumbar spinal fusion from L3 through S1. She has had SI joint injections with temporary relief. She also has received extensive treatments for her left knee including injections such as cortisone and viscosupplementation. Physical examination to the lumbar spine revealed a well-healed scar. Decreased lordosis with exquisite tenderness to palpation over the left sacroiliac joints posterior crest. 1+ positive spasm lumbosacral region. Negative twitch response. The patient continues to utilize OPANA ER for baseline pain control and Dilaudid for breakthrough pain. The patient does note moderate pain control with her current medication regimen, although it is not optimal. Patient is able to perform her activities of daily living and care for herself to some degree with medication. Without medication, she states she would be confined to bed. The patient shows no evidence of drug seeking behavior. She is utilizing her medications appropriately. Urine screening showed evidence of compliance, and opioid contract was signed. Diagnoses for 02/18/14 are Chronic low back pain secondary to failed back surgery syndrome lumbar spine, Lumbar spondylosis with radiculopathy, and Status post lumbar spinal fusion from L3 to S1 performed by [REDACTED], Lumbar degenerative disc disease with disc collapse at L2-13, Sacroiliac joint pain, Nausea/vomiting secondary to chronic opioid therapy, Hypertension-poorly controlled, Anemia and Status post hospitalization secondary to small bowel obstruction. The utilization review determination being challenged is dated 06/06/14. Treatment reports were provided from 02/18/14 - 05/30/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Opana ER 20 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OPIOIDS Page(s): 78, 88 and 89.

**Decision rationale:** The patient presents with low back pain and spasm that radiates to the buttock areas and left knee pain. The request is for Opana ER 20mg #120 - twice a day for baseline pain. Patient is status post lumbar spinal fusion from L3 through S1. She has had S1 joint injections with temporary relief. She also has received extensive treatments for her left knee including injections such as cortisone and viscosupplementation. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per provider report dated 02/18/14, the pain is rated 8/10 with and 10/10 without medications. The patient continues to utilize Opana ER for baseline pain control. The patient does note moderate pain control with her current medication regimen, although it is not optimal. Patient is able to perform her activities of daily living and care for herself to some degree with medication. Without medication, she states she would be confined to bed. The patient shows no evidence of drug seeking behavior. She is utilizing her medications appropriately. Urine screening showed evidence of compliance, and opioid contract was signed. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, this request is medically necessary.

### **Opana ER 10 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OPIOIDS Page(s): 78, 88 and 89.

**Decision rationale:** The patient presents with low back pain and spasm that radiates to the buttock areas and left knee pain. The request is for Opana ER 10mg #120 - twice a day. Patient is status post lumbar spinal fusion from L3 through S1. She has had S1 joint injections with temporary relief. She also has received extensive treatments for her left knee including injections such as cortisone and viscosupplementation. MTUS Guidelines pages 88 and 89 states, "Pain

should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per provider report dated 02/18/14, the patient rates her pain at 8/10 with and 10/10 without medications. The patient continues to utilize Opana ER for baseline pain control. The patient does note moderate pain control with her current medication regimen, although it is not optimal. Patient is able to perform her activities of daily living and care for herself to some degree with medication. Without medication, she states she would be confined to bed. The patient shows no evidence of drug seeking behavior. She is utilizing her medications appropriately. Urine screening showed evidence of compliance, and opioid contract was signed. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, this request is medically necessary.

**Dilaudid 4 mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OPIOIDS Page(s): 78, 88 and 89.

**Decision rationale:** The patient presents with low back pain and spasm that radiates to the buttock areas and left knee pain. The request is for DILAUDID 4MG #180. Patient is status post lumbar spinal fusion from L3 through S1. She has had SI joint injections with temporary relief. She also has received extensive treatments for her left knee including injections such as cortisone and viscosupplementation. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per provider report dated 02/18/14, the patient rates her pain at 8/10 with and 10/10 without medications. The patient continues to utilize Dilaudid for breakthrough pain. The patient does note moderate pain control with her current medication regimen, although it is not optimal. Patient is able to perform her activities of daily living and care for herself to some degree with medication. Without medication, she states she would be confined to bed. The patient shows no evidence of drug seeking behavior. She is utilizing her medications appropriately. Urine screening showed evidence of compliance, and opioid contract was signed. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Therefore, this request is medically necessary.

**Random urine drug screening x 4 in a year (one each quarter):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UNDER OPIOID MANAGEMENT - MEDICATION FOR CHRONIC PAIN Page(s): 60, 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT), Pain (Chronic)

**Decision rationale:** The patient presents with low back pain and spasm that radiates to the buttock areas and left knee pain. The request is for Random Urine Drug Screening x4 in a year (one each quarter). Patient is status post lumbar spinal fusion from L3 through S1. She has had SI joint injections with temporary relief. She also has received extensive treatments for her left knee including injections such as cortisone and viscosupplementation. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per provider report dated 02/18/14, urine screening showed evidence of compliance, and opioid contract was signed. The patient shows no evidence of drug seeking behavior. She is utilizing her medications appropriately. In review of reports, provider has not indicated whether patient is "low risk," "moderate risk," or "high risk." Provider does not discuss the patient's risk, though she appears to be low risk. ODG recommends 1-2 random screens per year for low-risk opiate users. Furthermore, MTUS page 60 requires recording of pain and function with medications used for chronic pain on each visit. This means that the patient's need for opiate management, namely UDS's needs to be determined on an on-going basis. The request is for 4 UDS's each year indefinitely and therefore, this request is not medically necessary.