

<b>Case Number:</b>	CM14-0186933		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/17/1994
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 58 year old female who sustained a work related injury on December 17, 1994 with no documented mechanism of injury noted. According to the brief record review on October 3, 2014 the injured worker was diagnosed with low back and thoracic spine pain, lumbar neuritis, facetectomy syndrome with pain and hip osteoarthritis. The latest hip X-ray dated November 23, 2010 was unremarkable. A left hip joint steroid injection with arthrogram was administered on February 16, 2011. Magnetic resonance imaging on June 27, 2012 noted post-operative changes at lumbar 5- sacral 1 with anterior interbody fusion with disc-spacer insertion and multilevel advanced facetectomy hypertrophy from lumbar 3-4 through lumbar 5-S1 with mild lateral stenosis and mild canal stenosis at lumbar4-5 and lumbar 3-4 levels. The lumbar fusion was performed in 1998. The claims administrator review of October 21, 2014 states "the patient continues to experience persistent low back, bilateral hip and lower extremity pain". Spasm and stiffness is noted in the lumbar spine. There is pain with range of motion. Patrick test is positive on the right hip and right hip rotation aggravates leg pain. Urine studies on February 4, 2014 noted inconsistencies with reported medication list and toxicology results. No work status was documented. The treating physician has requested prescriptions for Oxycontin 40 mg #150, Oxycontin 20 mg # 30 and Norco 10/325 mg # 120. On October 21, 2014 the Utilization Review non-certified the prescription for Oxycontin 40 mg #150, Oxycontin 20 mg # 30 and Norco 10/325 mg # 120 based on the Medical Treatment Utilization Schedule (MTUS), Opioids for Chronic Pain Guidelines which does not recommend long term opioids for chronic back pain and there is no documentation or rational for extended opioid usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Oxycontin 40 mg #150, California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin 40 mg #150 is not medically necessary.

**Oxycontin 20 mg #30:** Upheld

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

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

**Decision rationale:** Regarding the request for Oxycontin 20 mg #30, California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin 20 mg #30 is not medically necessary.

**Norco 10/325 mg #120:** Upheld

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

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

**Decision rationale:** Regarding the request for Norco 10/325 mg #120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325 mg #120 is not medically necessary.