

<b>Case Number:</b>	CM14-0067723		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/11/1998
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 58 year old female with an industrial injury dated 07/11/1998. Her diagnoses include lumbar post-laminectomy syndrome, lower extremity radiculopathy, status post spinal cord stimulator implant, cervical herniated nucleus pulposus with right upper extremity radiculopathy, severe reactionary depression/anxiety, neurogenic bladder with urinary incontinence, medication induced gastritis, restless leg syndrome, and right hip internal derangement. Recent diagnostic testing has included a MRI of the lumbar spine (recent but no specific date) which was noted to be unreadable due to the metallic artifact from previous disc replacements, and a MRI of the cervical spine (10/19/2013) showing a single level disc bulge. Previous treatments have included conservative measures, medications, 2 lumbar surgeries (1999 and 2005), spinal cord stimulator placement, and physical therapy. In a progress note dated 04/21/2014, the treating physician reports continued pain in the lower back (rated 8/10) which radiates into both lower extremities and neck pain associated with headaches as well as radiating pain into the right upper extremity, despite treatment with oxycodone (30mg 4 times per day), Norco (10/325mg 4 times per day), Fexmid, Paxil, valium, Ambien, Prilosec, and levothyroxine. The injured worker also reported abdominal pain with a history of having undergone a cholecystectomy (01/12/12) and developing a neurogenic bladder. The objective examination revealed tenderness to palpation of the posterior cervical musculature with decreased range of motion in the cervical spine, decreased range of motion in the left shoulder, tenderness to palpation of the lumbar musculature bilaterally with increased muscle rigidity, positive straight leg raises bilaterally, decreased sensation in the posterolateral thigh and lateral calf of the right

leg, decreased deep tendon reflexes in the right lower extremity, tenderness to both knees with soft tissue swelling, and tenderness to palpation of the right hip with decreased range of motion. The treating physician is requesting oxycodone which was denied by the utilization review. On 05/09/2014, Utilization Review non-certified a prescription for oxycodone 30mg, noting that the injured worker has been prescribed combined opioid medications exceeding the limit of morphine equivalent daily dosages, and that the injured worker was prescribed a total of 8 short acting opioid medications for the daily treatment of chronic non-malignant pain. Non-MTUS, ACOEM, and ODG guidelines were cited. On 05/12/2014, the injured worker submitted an application for IMR for review of oxycodone (qualitest) 30mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 OXYCODONE (QUALITEST) 30 MG; # 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://acoempracguidelines.org>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of

opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented improvement in VAS scores. There are also no objective measurements of improvement in function. Therefore criteria for the ongoing use of opioids have not been met and the request is not certified.

