

<b>Case Number:</b>	CM15-0003538		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	07/07/1997
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 is a 73 year-old male who has reported multifocal pain after falling on 7/07/1997. The diagnoses have included osteoarthritis of the knee, degeneration of the lumbosacral intervertebral disc, lumbar post-laminectomy syndrome, and fibromyositis. Treatment to date has included physical therapy, medications, knee surgery, and spinal surgery in 2013. Reports from the treating physician during 2014 reflect ongoing, severe pain in the knee and back. Oxycontin and Norco are prescribed chronically, along with other medications including Soma. The injured worker uses a walker, has multiple functional limitations, and is reportedly not independent with activities of daily living. Reports note drug testing without providing specific results or methods. Per the most recent report provided, dated 11/20/14, there was ongoing left knee pain, severe back pain, and lower extremity pain. He was ambulatory with a walker, had difficulty transferring out of a chair, and standing balance was mildly unsteady. Marked functional deficits were present, with minimal ability to do activities of daily living. He reported 40% decrease in pain with prescribed medication. Current medications included Oxycontin 20mg (4x daily), Oxycontin 40mg (4x daily), Norco 10/325mg (1 tab every 4-6 hrs as needed), Flector 1.3% transdermal patch 12 hrs, Lidoderm 5% 700mg patch (1 patch), Soma 350mg (3x daily as needed), and Voltaren 1% topical gel (5g 3x daily as needed). The urine drug testing from 8/26/2014 was referenced as consistent with current medications, with no further details provided. On 12/15/2014, Utilization Review non-certified Oxycontin 20mg #120, Oxycontin 40mg #120, and Norco 10/325mg #180, citing the MTUS Chronic Pain Medical Treatment

Guidelines. An additional request for Norco 10/325mg #180 was partially certified for #135. Note was made of the lack of significant benefit.

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

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

#### **1 prescription of Oxycontin 20mg #120 DND until 12/21/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; Indications, Chronic back pain; Mec.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is minimal evidence in support of long term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Function is described as very poor, and the injured worker is unable to independently perform even the most simple of activities of daily living. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The brief reference to a prior drug screen is insufficient to demonstrate compliance with an adequate drug screening program. Although there is mention of significant pain relief with medications, the description of very poor function belies significant pain relief. As currently prescribed, Oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

#### **1 prescription of Oxycontin 40mg #120 DND until 12/21/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; Indications, Chronic back pain; Mec.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should

be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is minimal evidence in support of long term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Function is described as very poor, and the injured worker is unable to independently perform even the most simple of activities of daily living. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The brief reference to a prior drug screen is insufficient to demonstrate compliance with an adequate drug screening program. Although there is mention of significant pain relief with medications, the description of very poor function belies significant pain relief. As currently prescribed, Oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**1 prescription of Norco 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; Indications, Chronic back pain.Me.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is minimal evidence in support of long term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Function is described as very poor, and the injured worker is unable to independently perform even the most simple of activities of daily living. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The brief reference to a prior drug screen is insufficient to demonstrate compliance with an adequate drug screening program. Although there is mention of significant pain relief with medications, the description of very poor function belies significant pain relief. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**1 prescription of Norco 10/325mg #180 DND until 12/21/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management; Opioids, steps to avoid misuse/addiction; Indications, Chronic back pain; Me.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is minimal evidence in support of long term opioids for arthritis, and treatment guidelines should be followed (see MTUS citation). There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Function is described as very poor, and the injured worker is unable to independently perform even the most simple of activities of daily living. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The brief reference to a prior drug screen is insufficient to demonstrate compliance with an adequate drug screening program. Although there is mention of significant pain relief with medications, the description of very poor function belies significant pain relief. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.