

<b>Case Number:</b>	CM15-0107196		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	08/29/2000
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a(n) 57 year old female, who sustained an industrial injury on 8/29/00. She reported pain in her neck and lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, cervical degenerative disc disease and myofascitis. Treatment to date has included trigger point injections on 4/1/15, a lumbar MRI on 6/14/14, several radiofrequency ablations, an EMG study of the bilateral lower extremities on 5/31/12 and physical therapy. Current medications include OxyContin and Roxicodone (since at least 11/25/14), Provigil, Trazodone, Lidoderm, Wellbutrin and Flexeril. As of the PR2 dated 4/29/15, the injured worker reports severe low back, buttock and leg pain. She rates her pain 9/10 without medications and 3-4/10 with medications. The medications make it possible for the injured worker to perform activities of daily living. Objective findings include pain with manipulation of the lumbar spine, flexion 20 degrees, extension was minimal and a positive straight leg raise test bilaterally. The treating physician requested OxyContin 30mg #90 and Roxicodone 30mg #210.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30mg QTY: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, 5th Edition, 2007, Pain (Chronic), Weaning, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycontin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The medications requested far exceed the MED guidelines recommend. The previous reviewer modified the request to OxyContin 30mg QTY: 81 to allow for tapering and weaning. As such the request for OxyContin 30mg QTY: 90 is not medically necessary.

**Roxicodone 30mg QTY: 210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, 5th Edition, 2007, Pain (Chronic), Weaning, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on

the progress notes appears to be far in excess of MTUS recommendations. The previous reviewer modified the request to Roxycodone 30mg QTY: 135 to allow for tapering and weaning. As such the question for Roxycodone 30mg QTY: 210 is not medically necessary.