

Case Number:	CM15-0141204		
Date Assigned:	07/31/2015	Date of Injury:	09/02/2011
Decision Date:	09/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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: New York
 Certification(s)/Specialty: Pediatrics, 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 9-2-2011. The mechanism of injury was not described. The current diagnoses are cervical radiculopathy, muscle spasms, thoracic pain, and lumbar-sacral radiculopathy, degenerative disc disease of the lumbar spine, status post lumbar surgery, and left shoulder pain. According to the progress report dated 7-8-2015, the injured worker complains of persistent neck pain. She also reports muscle spasms in her neck that are worse at night. The level of pain was not rated. The physical examination of the cervical spine reveals moderate tenderness over the paraspinal muscles, significant muscle spasms, decreased range of motion, diffuse upper extremity weakness, and diminished sensation in the left 5th finger. The current medications are OxyContin, Oxycodone, Xanax, Adderall, Prozac, and Wellbutrin XL. She notes that her current regimen is providing modest relief and allowing improved activity levels on most days. There is documentation of ongoing treatment with OxyContin, Oxycodone, and Xanax since at least 12-22-2014. It is unclear when Percocet was originally prescribed. Treatment to date has included medication management, x-rays, MRI studies, TENS unit, home exercises, and surgical intervention. She has not started physical therapy, secondary to family stressors. Work status is described as temporarily totally disabled. A request for retrospective OxyContin, Oxycodone, Percocet, Xanax, and turning leg catty has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Oxycontin 60mg #120 DOS: 7/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone controlled release (Oxycontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective OxyContin is not medically necessary.

Retrospective request for Oxycodone 15mg #240 DOS: 7/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Oxycodone is not medically necessary.

Retrospective request for Percocet 10/325mg #90 DOS: 7/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled," which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Percocet is not medically necessary.

Retrospective request for Oxycontin 60mg #120 DOS: 8/13/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone controlled release (Oxycontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled," which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective OxyContin is not medically necessary.

Retrospective request for Oxycodone 15mg #240 DOS: 8/13/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of

pain per the VAS scale. The work status is described as “temporarily totally disabled”, which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Oxycodone is not medically necessary.

Retrospective request for Percocet 10/325mg #90 DOS: 8/13/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet); Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as “temporarily totally disabled”, which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Percocet is not medically necessary.

Retrospective request for Xanax 0.5mg #30 DOS: 8/13/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines and Xanax (Alprazolam), 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guideline, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the guidelines do not recommend long-term use of benzodiazepines. Most guidelines limit use up to 4 weeks. With Xanax, there is documentation of ongoing treatment since at least 12-22-2014, and continuation for any amount of time does not comply with the recommended guidelines. In addition, the submitted medical records failed to provide documentation regarding anxiety history and/or diagnosis that would support the use of a benzodiazepine. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Xanax is not medically necessary.

Retrospective request for 1 turning leg caddy DOS: 8/13/12: 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), Ankle & Foot (Acute & Chronic): Rolling knee walkers and Walking aids (canes, crutches, braces, orthoses & walkers), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic): Rolling knee walkers.

Decision rationale: The CA MTUS do not address the request for turning leg caddy. However, according to the Official Disability Guidelines (ODG), rolling knee walkers are recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case, the guidelines recommended a rolling knee walker for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices. The submitted medical records failed to provide documentation regarding limited use of one arm or foot injury to support the use of a turning leg caddy. Therefore, based on Official Disability Guidelines and submitted medical records, the request for turning leg caddy is not medically necessary.

Retrospective request for Oxycontin 60mg #120 DOS: 10/9/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone controlled release (Oxycontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective OxyContin is not medically necessary.

Retrospective request for Oxycodone 15mg #240 DOS: 10/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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

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Retrospective request for Percocet 10/325mg #150 DOS: 10/9/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet) and Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of

objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Percocet is not medically necessary.

Retrospective request for Oxycontin 60mg #120 DOS: 5/7/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone controlled release (Oxycontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective OxyContin is not medically necessary.

Retrospective request for Oxycodone 15mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Oxycodone is not medically necessary.

Retrospective request for Percocet 10/325mg #150 DOS: 5/7/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "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 non-adherent) 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. Additionally, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Although the current medications are subjectively reported to provide modest relief of pain, and allow for an improved activity level, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. In addition, opioid dosing should not exceed 120 mg oral morphine equivalents per day. When all opioid medications are factored in, the injured workers daily morphine equivalent dose is nearly five times higher than the CA MTUS recommended dose of 120 mg per 24 hours. Therefore, based on CA MTUS guidelines and submitted medical records, the request for retrospective Percocet is not medically necessary.