

<b>Case Number:</b>	CM15-0141295		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 09-02-2011. On provider visit dated 03-17-2015 the injured worker has reported chronic and intractable low back pain secondary to post-laminectomy syndrome. On examination of the lumbar spine revealed two well healed surgical incisions. Sacral exam revealed mild tenderness over thigh sciatic notch. Motor exam revealed diffuse low extremity muscle weakness due to pain. The diagnoses have included lumbar-sacral radiculopathy, degenerative disc disease-lumbar, limb pain, cervical radiculopathy, pain in limb, thoracic or lumbosacral neuritis or radiculitis-unspecified and joint pain NOS. Treatment to date has included medication, laboratory studies and surgical intervention. Current medication regimen was noted as Oxycontin, Oxycodone, Adderall, Prozac, Wellbutrin XL, Sumavel, Furosemide, and medication not taking was noted as Gabapentin, Dilaudid, Lasix, Xanax and discontinued medication was noted as Glucosamine. The provider retrospective requested for Oxycontin, Oxycodone, and 1 follow up in 4 weeks for DOS of 03-17-2015 and one retrospective request for urine drug screen DOS of 09-24-2013.

### 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: 3/17/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone controlled release (Oxycontin) and Opioids, dosing.

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

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the left upper extremity, mid back, low back and left shoulder. The current request is for Retrospective request for Oxycodone 60mg #120 DOS: 3/17/15. The treating physician report dated 3/17/15 (50B) states, "She reports reasonable relief and improved functioning most days with the current prescribed medications, and she denies major side effects. She is routinely monitored for aberrant or diversionary behavior through periodic UDS and CURES reports. She is an appropriate candidate for continued medical management". MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Oxycodone since at least 12/22/14 (77B). The report dated 3/17/15 (49B) notes that the patient's pain level decreases while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to continue a home exercise program (56B). The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Oxycodone has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed and functional improvement has been documented. The current request is medically necessary.

**Retrospective request for Oxycodone 15mg # 240 DOS: 3/17/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone and Opioids, dosing.

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

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the left upper extremity, mid back, low back and left shoulder. The current request is Retrospective request for Oxycodone 15mg # 240 DOS: 3/17/15. The treating physician report dated 3/17/15 (50B) states, "She reports reasonable relief and improved functioning most days with the current prescribed medications, and she denies major side effects. She is routinely monitored for aberrant or diversionary behavior through periodic UDS and CURES reports. She is an appropriate candidate for continued medical management". MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Oxycodone since at least 12/22/14 (77B). The report dated 3/17/15 (49B) notes that the patient's pain level decreases while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability continues a home exercise program (56B). The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Oxycodone has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, while all four of the required A's are addressed the IW is taking far more than the 120 morphine equivalents with minimal pain and functional improvement. There is no justification that far exceeding the 120 morphine equivalents with Oxycodone is providing any additional benefit to justify its use. The current request is not medically necessary.

**Retrospective request for 1 follow-up in 4 weeks DOS: 3/17/15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the left upper extremity, mid back, low back and left shoulder. The current request is Retrospective request for 1 follow-up in 4 weeks DOS: 3/17/15. The treating physician report dated 3/17/15 (50B) states, "She is an appropriate candidate for continued medical management". The report goes on to note a request for a follow up in 4 weeks. ACOEM Practice Guidelines, 2nd Edition (2004), page 303 has the following: "Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working". The medical reports provided show the patient is status post ALIF and PLIF between L4 and S1. In this case, the patient presents with chronic pain affecting the neck, mid back, low back and left shoulder and the treating physician is requesting a follow up with the patient once every 4 weeks in order to monitor the patient's medications and ensure that they are maintaining their efficacy. Furthermore, the physician feels that the patient will benefit from a periodic check-up in order to adjust or continue current medications. The current request is medically necessary.

**Retrospective request for urine drug screen DOS: 9/24/13: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, UDS.

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the left upper extremity, mid back, low back and left shoulder. The current request is Retrospective request for urine drug screen DOS: 9/24/13. The requesting treating physician report was not found in the documents provided. The UR report dated 7/1/15 (11A) states, "She was prescribed Oxycontin, Valium, Percocet, and oxycodone at the time". The report goes on to note that the patient was being tested every third or fourth month, with no inconsistent results recorded. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. There is no documentation of any aberrant behavior or inconsistent UDS's in the medical reports provided for review. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case, the current request for a urine drug screen seems excessive as the patient is being tested approximately every third or fourth month according to the UR report dated 7/1/15. Furthermore, there is no evidence in the documents provided that suggests the patient is at a high risk of opioid abuse that would warrant testing at this frequency. The current request is not medically necessary.