

<b>Case Number:</b>	CM15-0160598		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 49 year old female who sustained an industrial injury on 09-02-2011. A review of the medical records indicates she has been treating for chronic pain. She has a history of lumbar surgery. Her diagnosis includes Lumbar-Sacral Radiculopathy, Cervical Radiculopathy, Thoracic pain and Left shoulder pain. Treatment to date has included oral medications for pain and muscle spasm. Epidural steroid blocks, a hardware block to evaluate her lumbar spine pain (08/11/2014) followed by hardware removal in November 2014, and trigger point injections (09/10/2012, and 10/16/2012). Urine drug screens have been consistent for the prescribed medications. Currently, (07-08-2015) the injured worker complains of neck pain that has persisted with no new changes. The worker has not started physical therapy, and she reports muscle spasms in the neck that are worse at night. She reports her current regimen of medications is providing modest relief. She is using a transcutaneous electrical nerve stimulation (TENS) unit daily with benefit. On examination of the lumbar spine, she has two well-healed lumbar incisions, and has a limited range of motion, and tenderness to palpation of the lumbar paraspinal process. Her cervical spine has a moderate decrease in range of motion, tenderness to the cervical paraspinal muscles, and bilateral muscle spasms. A complaint of left shoulder pain related to a throwing accident in 2010 may be radicular in nature. She has diffuse upper extremity weakness. A request for authorization was submitted for: 1. Retro: 1 follow up in 4 weeks DOS 12/22/14. 2. Retro: 120 Oxycontin 60mg DOS 12/22/14. 3. Retro: 240 Oxycodone 15mg DOS 12/22/14. 4. Retro: 90 Flexeril 10mg DOS 12/22/14. 5. Retro: 120 Oxycontin 60mg DOS 2/17/15. 6. Retro: 240 Oxycodone 15mg DOS 2/17/15. 7. Retro: 60 Dilaudid 2mg

DOS 2/17/15. 8. Retro: 1 follow up in 4 weeks DOS 2/17/15. A utilization review decision (07-16-2015) recommended non-certification of the 120 Oxycontin 60mg DOS (12-22-2014, and 02-17-2015). The worker has taken Oxycontin for years. The dose of Oxycontin alone exceeds the recommended maximum 120 morphine equivalent doses per day by 240 mg/day. With addition of other opioid such as Oxycodone, the worker's morphine equivalent dose was 540 mg/day. Due to the excessive morphine equivalent dose and little or no improvements over the multiple years' time span that she has taken the Oxycontin for chronic pain, the discontinuation of Oxycontin was advised. Because the medication had already been dispensed, weaning would not be possible. Due to the excessive morphine equivalent dose and little or no improvements over the multiple years. Of taking oxycodone, the retrospective request for 240 Oxycodone 15mg DOS (12-22-2014, and 02-17-2015) was recommended non-certified. Because the medication had already been dispensed, weaning would not be possible. The request for Flexeril was not supported. There was no indication of muscle spasm. Additionally the worker had been prescribed Flexeril with no evidence of subjective or functional approval. The request for 90 Flexeril 10mg (DOS 12/22/14) was recommended non-certified. The retrospective request for 60 Dilaudid 2mg DOS 2-17-15, the request for Dilaudid is not supported by the literature. The worker had already been prescribed large doses of opioid medications for years with minimal evidence of improvement. The worker is documented to have called the office requesting an alternative medication because Dilaudid did so little for her. For this reason, the 60 Dilaudid 2mg DOS 2/17/15 is recommended non-certified. Both requests for follow-up (DOS 12-22-14 and DOS 2-17-15) were certified due to the need for continued monitoring of this worker with chronic pain and high opioid doses of medication. The other medications listed are Aderral, Prozac and Welbutrin XL.

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

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

**Retro: 120 Oxycontin 60mg DOS 12/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs, non opioid co-analgesics and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The persistent of significant pain with utilization of increasing doses of opioids is indicative of development of opioid induced

hyperalgesia. The records did not show that the patient had failed treatment with NSAIDs, non opioid co-analgesics and PT. It was noted that the patient could not do the approved PT due to the presence of significant family stressors. The records indicate that the patient is utilizing opioids and multiple sedative medications concurrently. The guidelines recommend that chronic pain patients with significant psychosomatic disorders who are utilizing high dose be referred to Pain Programs or Addiction Centers for safe weaning. The criteria for the use of Oxycotin 60mg #120 DOS 12/22/2014 was not met.

**Retro: 240 Oxycodone 15mg DOS 12/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs, non opioid co-analgesics and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The persistent of significant pain with utilization of increasing doses of opioids is indicative of development of opioid induced hyperalgesia. The records did not show that the patient had failed treatment with NSAIDs, non opioid co-analgesics and PT. It was noted that the patient could not do the approved PT due to the presence of significant family stressors. The records indicate that the patient is utilizing opioids and multiple sedative medications concurrently. The guidelines recommend that chronic pain patients with significant psychosomatic disorders who are utilizing high dose be referred to Pain Programs or Addiction Centers for safe weaning. The criteria for the Retroactive use of Oxycodone 15mg #240 DOS 12/22/2014 was not met.

**Retro: 90 Flexeril 10mg DOS 12/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be

associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative agents. The records indicate that the patient was utilizing high dose opioid and multiple psychiatric sedative medications concurrently. The duration of utilization of Flexeril had exceeded that guidelines recommended maximum duration of 4 to 6 weeks. The criteria for Retroactive use of Flexeril 10mg #90 DOS 12/22/2014 was not met.

**Retro: 120 Oxycontin 60mg DOS 2/17/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs, non opioid co-analgesics and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The persistent of significant pain with utilization of increasing doses of opioids is indicative of development of opioid induced hyperalgesia. The records did not show that the patient had failed treatment with NSAIDs, non opioid co-analgesics and PT. It was noted that the patient could not do the approved PT due to the presence of significant family stressors. The records indicate that the patient is utilizing opioids and multiple sedative medications concurrently. The guidelines recommend that chronic pain patients with significant psychosomatic disorders who are utilizing high dose be referred to Pain Programs or Addiction Centers for safe weaning. The criteria for the use of Retroactive Oxycontin 60mg #120 DOS 2/17/2015 was not met.

**Retro: 240 Oxycodone 15mg DOS 2/17/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, psychological intervention, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to

treatment with NSAIDs, non opioid co-analgesics and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The persistent of significant pain with utilization of increasing doses of opioids is indicative of development of opioid induced hyperalgesia. The records did not show that the patient had failed treatment with NSAIDs, non opioid co-analgesics and PT. It was noted that the patient could not do the approved PT due to the presence of significant family stressors. The records indicate that the patient is utilizing opioids and multiple sedative medications concurrently. The guidelines recommend that chronic pain patients with significant psychosomatic disorders who are utilizing high dose be referred to Pain Programs or Addiction Centers for safe weaning. The criteria for the use of Retroactive Oxycodone 15mg #240 DOS 2/17/2015 was not met.

**Retro: 60 Dilaudid 2mg DOS 2/17/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Chronic pain programs, opioids, Medications for chronic pain, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, psychological intervention, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs, non opioid co-analgesics and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The persistent of significant pain with utilization of increasing doses of opioids is indicative of development of opioid induced hyperalgesia. The records did not show that the patient had failed treatment with NSAIDs, non opioid co-analgesics and PT. It was noted that the patient could not do the approved PT due to the presence of significant family stressors. The records indicate that the patient is utilizing opioids and multiple sedative medications concurrently. The Dilaudid was prescribed as supplementary opioid following surgery. The guidelines recommend that chronic pain patients with significant psychosomatic disorders who are utilizing high dose be referred to Pain Programs or Addiction Centers for safe weaning. The criteria for the Retroactive use of Dilaudid 2mg DOS 2/17/2015 was not met.