

<b>Case Number:</b>	CM15-0161008		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	10/27/2015	<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 is a 49 year old female who sustained an industrial injury on 09-02-2011. The injured worker was diagnosed with lumbar degenerative disc disease, lumbosacral radiculopathy, cervical radiculopathy and left shoulder radicular pain. The injured worker is status post lumbar spine surgery in 2011 and lumbar removal of hardware in November 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, lumbar epidural steroid injections, cervical epidural steroid injection, trigger point injections, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on July 8, 2015, the injured worker continues to experience neck pain and spasm without any changes. Examination of the lumbar spine demonstrated limited range of motion without tenderness to palpation on the paraspinal muscles or the lumbar spinous processes. The injured worker ambulated with a limp. Cervical spine was noted to have moderate decreased in range of motion with moderate tenderness to palpation of the cervical paraspinal muscles and spasm bilaterally. Motor examination demonstrated diffuse upper extremity weakness, decreased sensation at the left 5th finger and deep tendon reflexes noted as 1+ out of 2 in the biceps, triceps and brachioradialis bilaterally. Urine drug screenings are consistent. Current medications were listed as OxyContin, Oxycodone, Percocet, Prozac, Wellbutrin XL, Xanax, Sumavel DosePro and Adderall. Treatment plan consists of the retrospective requests for OxyContin 60mg, Qty-120, Oxycodone 15mg, Qty-240 and Percocet 10mg-325mg.

## 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 5/22/12: 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, differentiation: dependence & addiction, Opioids, psychological intervention, 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 the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments 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, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The presence of significant pain and lack of objective findings of optimum functional restoration is indicative of development of opioid induced analgesia state. The records did not show that the patient had failed treatments with NSAIDs and non opioid co-analgesics medications. The presence of significant psychiatric disorders and utilization of multiple psychiatric medications is associated with increased incidence of decreased efficacy of pain treatments and potentially fatal adverse drug interactions. The request for the Retroactive utilization of OxyContin 60mg #120 DOS 5/22/2012 is not medically necessary.

**Retro: 240 Oxycodone 15mg DOS 5/22/12: 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, 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 the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments 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, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The presence of significant pain and lack of objective findings of optimum functional restoration is indicative of development of opioid induced analgesia state. The records did not show that the patient had failed treatments with NSAIDs and non opioid co-analgesics medications. The presence of significant psychiatric disorder and utilization of multiple psychiatric medications is associated with increased incidence of decreased efficacy of pain treatments and potentially fatal adverse drug interactions. The request for the Retroactive utilization of Oxycodone 15mg #240 DOS 5/22/2012 is not medically necessary.

**Retro: 90 Percocet 10/325mg DOS 5/22/12: 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. 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 the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments 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, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The presence of significant pain and lack of objective findings of optimum functional restoration is indicative of development of opioid induced analgesia state. The records did not show that the patient had failed treatments with NSAIDs and non opioid co-analgesics medications. The presence of significant psychiatric disorder and utilization of multiple psychiatric medications is associated with increased incidence of decreased efficacy of pain treatments and potentially fatal adverse drug interactions. The request for the Retroactive utilization of Percocet 10/325mg #90 DOS 5/22/2012 is not medically necessary.

**Retro: 120 Oxycontin 60mg DOS 7/29/13: 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, screening for risk of addiction (tests), 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 the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments 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, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The presence of significant pain and lack of objective findings of optimum functional restoration is indicative of development of opioid induced analgesia state. The records did not show that the patient had failed treatments with NSAIDs and non opioid co-analgesics medications. The presence of significant psychiatric disorder and utilization of multiple psychiatric medications is associated with increased incidence of decreased efficacy of pain treatments and potentially fatal adverse drug interactions. The request for the Retroactive utilization of OxyContin 60mg #120 DOS 7/29/2013 is not medically necessary.

**Retro: 240 Oxycodone 15mg DOS 7/29/13:** 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, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments 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, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The presence of significant pain and lack of objective findings of optimum functional restoration is indicative of development of opioid induced analgesia state. The records did not show that the patient had failed treatments with NSAIDs and non opioid co-analgesics medications. The presence of significant psychiatric disorder and utilization of multiple psychiatric medications is associated with increased incidence of decreased efficacy of pain treatments and potentially fatal adverse drug interactions. The request for the Retroactive utilization of Oxycodone 15mg #240 DOS 7/29/2013 is not medically necessary.

**Retro: 90 Percocet 10/325mg DOS 7/29/13:** 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, screening for risk of addiction (tests), 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 the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments 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, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The presence of significant pain and lack of objective findings of optimum functional restoration is indicative of development of opioid induced analgesia state. The records did not show that the patient had failed treatments with NSAIDs and non opioid co-analgesics medications. The presence of significant psychiatric disorder and utilization of multiple psychiatric medications is associated with increased incidence of decreased efficacy of pain treatments and potentially fatal adverse drug interactions. The request for the Retroactive utilization of Percocet 10/325mg #90 DOS 7/29/2013 is not medically necessary.