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| <b>Case Number:</b>   | CM15-0161450 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 09/02/2011 |
| <b>Decision Date:</b> | 10/13/2015   | <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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 September 2, 2011. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical radiculopathy, thoracic sprain and strain, lumbar degenerative disc disease, status post lumbar spine surgery in 2011 and on November 14, 2014, lumbar spine sprain and strain, lumbar radiculopathy, and left shoulder sprain and strain. Diagnostic studies to date have included: In October 2012, lumbar x-rays revealed scoliosis and post-op changes. In March 2013, a lumbar bone scan was unremarkable. In March 2014, a MRI of the thoracic spine was unremarkable. In March 2014, a MRI of the lumbar spine revealed status post anterior lumbar interbody fusion and posterior lumbar interbody fusion between L4 (lumbar 4) and S1 (sacral 1) without evidence of hardware failure or neural impingement. In June 2014, a MRI of the cervical spine revealed mild to moderate multilevel degenerative disc disease and a 4 millimeter left disc-osteophyte complex at the C6-7 (cervical 6-7) with mild neural foraminal narrowing. On February 17, 2015, the treating physician noted that urine drug screening from August 6, 2014 and November 24, 2014 were consistent. Surgeries to date have included lumbar spine hardware removal in November 2014. Treatment to date has included a home exercise program and medications including short-acting and long-acting opioid analgesic, muscle relaxant, anti-epilepsy, antidepressants, and glucosamine. There were no noted previous injuries or dates of injury. On March 20, 2015, the injured worker reported constant 7-8 out of 10 neck pain radiating to the left upper extremity with numbness and tingling, constant 6 out of 10 mid back pain, constant 5-6 out of 10 low

back pain and constant 8-9 out of 10 left shoulder pain. She reported continued improvement of her low back symptoms following surgery, but continued to experience residual flare-up depending on her activity level. The physical exam revealed decreased cervical range of motion, tenderness to palpation along the bilateral upper trapezii muscles with palpable spasms and bilateral Spurling's tests were negative. There was decreased left shoulder range of motion, tenderness to palpation along the trapezius muscle with palpable spasms and bilateral Spurling's tests were negative. There was decreased lumbar range of motion, tenderness to palpation along the lumbar spine, palpable spasms of the bilateral paravertebral muscles, and positive bilateral straight leg raise. Her work status remains temporarily totally disabled. The requested treatments included Oxycontin, Oxycodone, and Percocet and Flexeril.

### **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 9/24/13: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycontin (Oxycodone ER) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, there is lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. There was a lack of significant pain relief with the continued use of opioids. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary.

**Retro: 240 Oxycodone 15mg DOS 9/24/13: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycodone (IR) is a short-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, there is lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. There was a lack of significant pain relief with the continued use of opioids. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia was contraindicated; only that the opioids as prescribed were not prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary.

**Retro: 150 Percocet 10/325mg DOS 9/24/13: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of

pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The MTUS guidelines recommend that the dosing of opioids does "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. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." In this case, the medical records show that the injured worker was taking Oxycodone (IR) and Oxycontin (ER) for her chronic pain. The combined morphine equivalent dose of these two opioids was 540, which significantly exceeds the guidelines recommendations. There was a lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. There was a lack of significant pain relief with the continued use of opioids. There was no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia is contraindicated; only that the opioids as prescribed were not prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary. The requested medication was not medically necessary.

**Retro: 120 Oxycontin 60mg DOS 12/5/13: 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): Opioids for chronic pain.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycontin (Oxycodone) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of

daily living, and dependency on continued medical care. In addition, there is lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. There was a lack of significant pain relief with the continued use of opioids. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary.

**Retro: 240 Oxycodone 15mg DOS 12/5/13: 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): Opioids for chronic pain.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycodone is a short-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, there is lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. There was a lack of significant pain relief with the continued use of opioids. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia was contraindicated; only that the opioids as prescribed were not prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary.

**Retro: 150 Percocet 10/325mg DOS 12/5/13: 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): Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The MTUS guidelines recommend that the dosing of opioids does "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. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." There was a lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. There was a lack of significant pain relief with the continued use of opioids. There was no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity for the requested medication was not established. This does not imply that some form of analgesia is contraindicated; only that the opioids as prescribed were not prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. This requested medication was not medically necessary. The requested medication was not medically necessary.

**Retro: 30 Flexeril 10mg DOS 12/5/13: 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): Muscle relaxants (for pain).

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. There was lack of documentation of acute spasms of the low back or acute exacerbation of chronic low back pain in December 2013. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.