

<b>Case Number:</b>	CM15-0181249		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 51-year-old male with an industrial injury dated 12-02-2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain due to injury, chronic back pain, diabetes mellitus, long-term (current) use of other medications, and post laminectomy syndrome. The injured worker is temporarily unable to perform work activities due to medical condition. Treatment has included diagnostic studies, prescribed medications, two surgeries, physical therapy, lumbar epidural steroid injection (ESI), acupuncture, and periodic follow up visits. According to the progress note dated 09-09-2015, the injured worker reported low back and bilateral thigh pain. The injured worker rated low back pain a constant 6-7 out of 10 and sometimes 7-8 out of 10. The injured worker rated intermittent bilateral thigh pain a 7-8 out of 10. Current medications include Oxycontin 30mg q12, reviewed and decrease by neurologist and Oxycodone IR 30 mg 6 times a day or q4h. Objective findings (05-29-2015 to 09-01-2015) revealed lumbar range of motion 25 degrees flexion, 10 degrees extension, 10 degrees lateral flexion, and rotation & extension with moderate stiffness. There was deep tenderness at bilateral lumbo-sacral-iliac junctions and tenderness along bilateral paralumbar. There was left gluteus, piriformis and other upper hip muscle groups tightness with trigger points. The treating physician reported that the urine drug screen on 05-09-2015 has lorazepam, noroxycodone and methamphetamine on board and is consistent with prescribed medications. Medical records indicate that the injured worker has been on Oxycontin and Oxycodone since at least April of 2015. The treatment plan included medication management, taper of Oxycodone IR30 mg with 15 per month starting this month (September), and follow up

visit. The treating physician reported that he may consider changing his OxyContin to long acting oxymorphone in the future. The treating physician prescribed Oxycontin 30 mg QTY 60.00 and Oxycodone IR 30 mg QTY 165.00. The original utilization review determination (09-09-2015) modified the request for Oxycontin 30 mg #30 (QTY 60.00) and Oxycodone IR 30 mg #70 (QTY 165.00).

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

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

**Oxycontin 30 mg QTY 60.00: 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, Opioids, dosing, Opioids, criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. In addition, it is recommended that dosing 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. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief or increase in activity from the exam note of 7/31/15. In addition, the regimen documented exceeds the 120 mg oral morphine equivalents recommended by the Chronic Pain Treatment Guidelines. Therefore, the determination is not medically necessary.

**Oxycodone IR 30 mg QTY 165.00: 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, criteria for use, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. In addition, it is recommended that dosing 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. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief or increase in activity from the exam note of 7/31/15. In addition, the regimen documented exceeds the 120 mg oral morphine equivalents recommended by the Chronic Pain Treatment Guidelines. Therefore, the determination is not medically necessary.