

<b>Case Number:</b>	CM15-0183533		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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

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 46 year old male, who sustained an industrial injury on 3-28-2012. The injured worker is undergoing treatment for: intractable lumbar pain, lumbar radiculopathy, depression and anxiety. On 8-5-15, he reported wanting to discuss scheduling lumbar surgery. He is reported as trying to wean himself off of medications on 6-10-15 and has been unsuccessful. He described his pain as constant and increased with activity such as walking and standing. He also indicated there to be radiation of pain to the lower extremities. He rated his pain 10 out of 10 without medications. Physical examination revealed tenderness, spasm and decreased range of motion to the low back. On 8-19-15, he reported low back pain with radiation to the lower extremities. His pain is rated 7 out of 10 without medications and 4 out of 10 with medications. Physical examination revealed spasm, tenderness, and decreased range of motion with a noted dysesthesia in L4 and L5 dermatomal distributions. The records do not discuss the efficacy of Oxycontin or Oxycodone. The treatment and diagnostic testing to date has included: multiple lumbar surgeries, blood testing, and medications. Medications have included: Oxycontin 20mg twice a day, Oxycodone 30mg 4 times a day, Cymbalta, Xanax. Current work status: not working. The request for authorization is for: Oxycontin 20mg quantity 10, and Oxycodone 80mg quantity 20. The UR dated 8-14-15: non-certified Oxycontin 20mg quantity 10, and Oxycodone 80mg quantity 20; and certified Cymbalta 30mg quantity 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 20mg #10: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 46 year old patient complains of lower back pain, rated at 8/10, along with foot drop and tingling going down to the L5 distribution, as per progress report dated 08/06/15. The request is for Oxycontin 20mg #10. The most recent RFA available for review is dated 05/19/15, and the patient's date of injury is 03/28/12. The patient is status post L4-S1 spinal fusion, and status post hardware removal on 10/22/13, as per progress report dated 08/06/15. The treater is requesting for L2-3 and L3-4 spinal fusion and L2 to S1 laminectomy in the same report. However, there is no indication that this intervention has been authorized. Diagnoses included lower back pain with L4-5 and L5-S1 radiculopathy. Medications, as per progress report dated 08/05/15, included Oxycontin, Oxycodone, Xanax and Cymbalta. Diagnoses included chronic failed back syndrome with multiple lumbar surgeries and chronic lumbosacral radiculopathy. Diagnoses, as per progress report dated 07/24/15, included hypertension, anxiety, insomnia, chronic low back pain, and depression as well. The patient is not working, and is temporarily totally disabled, as per progress report dated 05/13/15. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Oxycontin is first mentioned in progress report dated 02/11/14. The patient has also used other opioids including Norco and Oxycodone. The treater, however, fails to establish the efficacy of the Oxycontin. There is no documentation of before and after analgesia using validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request is not medically necessary.

## **Oxycodone 30mg #20: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 46 year old patient complains of lower back pain, rated at 8/10, along with foot drop and tingling going down to the L5 distribution, as per progress report dated 08/06/15. The request is for Oxycodone 30mg #20. The most recent RFA available for review is dated 05/19/15, and the patient's date of injury is 03/28/12. The patient is status post L4-S1 spinal fusion, and status post hardware removal on 10/22/13, as per progress report dated 08/06/15. The treater is requesting for L2-3 and L3-4 spinal fusion and L2 to S1 laminectomy in the same report. However, there is no indication that this intervention has been authorized. Diagnoses included lower back pain with L4-5 and L5-S1 radiculopathy. Medications, as per progress report dated 08/05/15, included Oxycontin, Oxycodone, Xanax and Cymbalta. Diagnoses included chronic failed back syndrome with multiple lumbar surgeries and chronic lumbosacral radiculopathy. Diagnoses, as per progress report dated 07/24/15, included hypertension, anxiety, insomnia, chronic low back pain, and depression as well. The patient is not working, and is temporarily totally disabled, as per progress report dated 05/13/15. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Oxycodone is first mentioned in progress report dated 12/17/14. The patient has also used other opioids including Norco and Oxycontin. The treater, however, fails to establish the efficacy of the Oxycodone. There is no documentation of before and after analgesia using validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request is not medically necessary.