

<b>Case Number:</b>	CM15-0184029		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/01/1989
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57 year old male who reported an industrial injury on 11-1-1989. His diagnoses, and or impressions, were noted to include: rupture of disc in the lower-mid back; lumbar nerve root injury; "arachnoiditis"; muscle spasm; lumbar discogenic degeneration; back pain; epidural fibrosis; debilitation; reflex sympathetic dystrophy; headache; and dry mouth secondary to narcotics. Recent magnetic imaging studies of the cervical spine were done on 4-28-2015, noting some abnormal findings; and a toxicology screening on 6-17-2015, noting inconsistent findings. His treatments were noted to include: medication management with a medication review on 5-7-2015; rest from work. The pain management progress notes of 7-15-2015 reported: past medications of Valium, Clonidine, Tegretol, Talwin NX, Flexeril, Valium, Catapres TTS, Elavil, Librium, Inderal, Macrodantin, Valium Actiq, and Colace, along with current medications which included Oxycodone 15 mg 4 x a day; stabilization of his back pain the previous month but now worsening and more severe, requesting implantable pump again; concerns for the scar tissue in his spine; severe, unrelenting pain in the head and mouth that was with no infection but with bone atrophy and possible need for re-fitting of dental prosthesis; trouble walking being bent over at the left-side at the lumbar spine; many other severe pain problems that were increasing and for which he tried to reduce with the use of his medication, decreasing his dose as much as possible and increasing his time between visits; only increasing his dose and cycles up when he has more pain; nightly muscle cramps in the legs; spending much of his day time in bed due to pain; continued, intermittent headaches with back and leg pain- cramping; that the Narcotics do not give him maximal pain relief when there was

infection in his mouth, resulting from the dental issues from his chronic dry mouth, caused by the industrial treatment. The objective findings were noted to include: an extended time since his previous visit, constituting a voluntary trial of weaning of medications in as much as he is able to tolerate; an increase in his pain and problems since the previous visit, with the inability to brush his teeth a powerful indicator of much deterioration of his activities of daily living; that he did not use all the medication that is prescribed at the rate of the prescription; results of the myelogram noted severe arachnoiditis and nerve clumping, with objective evidence; more swelling and mottling of the legs when he stands; nightly muscle cramps; the necessity for 24 hour care and assistance, unable to get out of bed to go to the bathroom; and that he needed refills of his medication to help control the pain that interferes with his activities of daily living which includes brushing his teeth; generalized muscle pain; that he presented in a wheelchair, an unstable gait and use of cane or walker with ambulation; back and bilateral leg pain with bilateral foot swelling due to "RSD"; decreased bilateral knee and ankle jerk reflexes; radiating lumbar pain with painful, decreased lumbar range-of-motion; positive bilateral straight leg raise; hyper-sensitivity pain in the bilateral calves and feet that made waling painful; stasis ulcers on both legs; cold feet, right > left, with spontaneous temperature changes; some edema of the feet, right > left; and that his current medication regimen with the inclusion of topicals, noted a substantial, 40%, improvement in pain relief and reduction in oral pain medication. The physician's requests for treatment were noted to include Oxycodone 15 mg, 4 x daily, #120. The Request for Authorization, dated 8-26-2015, was noted to include Oxycodone 15 mg, 4 times a day, #120. The Utilization Review of 8-31-2015 non-certified the requests for Oxycodone 15 mg, 4 x daily, #120.

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

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

**Oxycodone 15mg, 4 times daily, #120:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased

level of function, or improved quality of life. The treating physician indicates that despite the current medication regime, this patient complains of increased pain. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be far in excess of MTUS recommendations. Additionally, the medical documentation provided includes an inconsistent urine drug screen, there is no documentation as to how this was addressed. As such the question for Oxycodone 15mg, 4 times daily, #120 is not medically necessary.