

<b>Case Number:</b>	CM15-0185011		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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:

This is a 39 year old male whose date of injury was March 11, 2014. Medical documentation on August 19, 2015 indicated the injured worker was treated for status post lumbar discectomy, microdiscectomy and fusion. He had significant pain after undergoing lumbar surgery. He ambulated with a walker and used a lumbar support brace. He reported that he needed more medication for additional pain coverage. Objective findings included normal sensory examination of the lower extremities and normal motor examination of the lower extremities. He had L5-S1 discectomy, microdiscectomy and fusion on 8-11-15. An x-ray of the lumbar spine on 8-19-2015 was documented by the evaluating physician as showing his hardware in a satisfactory position. His medications included OxyContin 80 mg (since at least 3-4-15), Oxycodone IR 30 mg (since at least 3-4-15), and Dilaudid 4 mg. Previous therapy included physical therapy. A request for authorization for Oxycodone IR 30 mg, one tablet every 6 hours as needed, #120 was received on August 21, 2015. On August 25, 2015, the Utilization Review physician modified the request to Oxycodone IR 30 mg, one tablet every 6 hours as needed, #60 based on CA MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 30mg, 1 tablet every 6 hours as needed, 120 tablets: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015 Guidelines.

**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 patient presents with low back pain radiating to the left lower extremity, and left knee pain. The request is for OXYCODONE IR 30MG, 1 TABLET EVERY 6 HOURS AS NEEDED, 120 TABLETS. Patient is status post lumbar spine surgery, 08/11/15, and left knee surgery, date unspecified. Physical examination to the lumbar spine on 07/29/15 revealed tenderness to palpation to the paraspinals bilaterally. Range of motion was limited in all planes with pain. Per 08/05/15 progress report, patient's diagnosis includes large extruded L5-S1 herniation with radiculopathy, lumbar radiculitis, and large lumbar disc herniation, L5-S1 level. Patient's medications, per 03/04/15 progress report include Oxycotin, Oxycodone IR, Ibuprofen, and Flexeril. Patient is to remain off work, per 08/19/15 progress report, due to recent surgery. 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 4A's (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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater has not addressed this request. Review of the medical records provided indicate that the patient has been utilizing Oxycodone IR since at least 02/16/15. However, the treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how MS Contin decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. While UDS test results are current and consistent with patient's medications, CURES or opioid pain contracts were not provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Therefore, the request is not medically necessary.