

<b>Case Number:</b>	CM15-0188633		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/27/2000
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 40 year old male, who sustained an industrial injury on 9-27-00. The injured worker was diagnosed as having lumbar disc protrusion; back pain. Treatment to date has included chiropractic therapy; physical therapy; acupuncture; epidural steroid injections; trigger point injections; medications. Currently, the PR-2 notes dated 8-26-15 indicated the injured worker complains of lower lumbar back pain which he has experienced for the last 10 years. The provider documents "The patient describes his pain as constant. The pain is aching and throbbing. The pain radiates to the back, left shoulder and left leg. On an average about 6 out of 10 and right now it is a 6 out of 10, whereas it gets better by injections, taking medications and physical therapy." The injured worker reports associated symptoms: frustration, non-restful sleep, restrictions on activities, unable to fall asleep. He has received epidural injections more than 4 times as well as trigger point injections, physical therapy, acupuncture and medications as prior treatment. Current medications are listed as: Butrans 10mcg transdermal patches 1 patch weekly and oxycodone ER 10mg "12 hour tablet every 8 hours PRN for 30 days, dispense 90 tablets". The injured worker has been treated with Butrans 10mcg transdermal patch and oxycodone since September 2014. The provider notes he has taken in the past: OxyContin, Nucynta, Tylenol #3, Ibuprofen and Gabapentin (upsets his stomach). Other medical documentation dated 3-17-15 indicates the injured worker has been on opioid medications regularly for his condition since 2006. There is no record of surgical intervention for this injured worker. His physical examination is noted by the provider as "No significant changes noted in the patient's physical examination in this follow-up visit." The injured worker is in the office for his medications refill and to review his urinalysis. He has completed 8

sessions of acupuncture and desires additional sessions. The provider's treatment plan includes his "current medication regimen to manage his pain to a tolerable level with no side effects. His pain level with the medication is 6 out of 10, without it would increase to 9 out of 10. He is stable with his medications. He continues to go to school. Acupuncture continues to help him with some of his pain and relaxes his muscles." An additional 6 sessions were recommended by the provider. The injured worker reports the medication allows him to function and be active and care for himself as well. No changes to any of his medication at this time. The provider notes "Urine report was reviewed showing compliance." The PR-2 notes dated 7-29-15 are similar with same pain level ratings and physical examination for his monthly medication refills. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-8-15 and modified the certification Oxycodone ER 10mg, #90 to a quantity of #68 only and certified the prescription for Butrans transdermal patch 10mcg/hr, #4. A request for authorization has been received for 1 Prescription of Oxycodone ER 10mg.

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

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

#### **1 Prescription of Oxycodone ER 10mg, #90: 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 patient was injured on 09/27/00 and presents with lower lumbar back pain. The request is for 1 Prescription of Oxycodone ER 10 mg, #90 for severe breakthrough pain. The RFA is dated 08/03/15 and the patient is currently going to school and not working. He has been taking this medication as early as 03/11/15. 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." 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 08/26/15 report states that the current medication regiment continues to manage his pain to a

tolerable level with no side effects. His pain level with the medication is 6.10, without it would increase to 9/10. He continues to go to school with the medication he is able to function and be active and care of himself as well. [The patient] is maintaining activities of daily living which include walking, sitting while going to school, driving and cleaning his home. There are no reported side effects to this maintenance regimen. On the contrary he is improving his ability to function. Therefore weaning of pain medication is not medically necessary. Meeting guidelines for pain management and monitoring with the 4 A's; maintaining ADLs, no side effects and no aberrant behavior. PDMP and urine toxicology tests have shown compliance. The 07/29/15 urine drug screen indicates that the patient is not compliant with his prescribed medications. Although the provider provides all 4 A's as required by MTUS Guidelines, long term use of opioids is not recommended for patients with low back pain. Therefore, the request is not medically necessary.