

<b>Case Number:</b>	CM15-0192310		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47-year-old female, who sustained an industrial injury on 08-27-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hyperthyroid disease, chronic pain syndrome, post-laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, hip pain, muscle spasms, anxiety, depression, insomnia, and opioid dependence. Medical records (04-30-2015 to 08-24-2015) indicate ongoing back pain with low back and left buttock muscle spasms. Pain levels were 6-7 out of 10 on a visual analog scale (VAS) and 10 out of 10 without medications. Records did not specifically address activity levels or level of functioning. The IW's work status was not specified. The physical exam, dated 08-24-2015, revealed restricted range of motion in the lumbar spine, tenderness to palpation over the bilateral gluteal muscles, positive straight leg raise on the right, Patrick's test caused significant tightness in the hips, and decreased sensation in the left hallux and 2nd toes. No changes were noted from previous exam dated 07-27-2015. Relevant treatments have included: lumbar laminectomy, physical therapy (PT) without benefit, acupuncture without benefit, psychological treatments, work restrictions, and pain medications. Current medications include MS Contin 15mg, Roxicodone, Soma, lorazepam, Bupropion, and Ambien. The IW reported going to her primary care physician and was given MS Contin 30mg and Norco, but claimed she did not take them. The treating physician indicates that a urine drug screen was conducted on 8-4-15 was consistent with prescribed medications. The request for authorization (08-24-2015) shows that the following medications were requested: oxycodone 30mg #180, MS Contin 15mg #90, and MS Contin 30mg #30. The original utilization review (09-01-2015) non-certified the request for oxycodone 30mg #180, MS Contin 15mg #90, and MS Contin 30mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreasing from a 10/10 to a 6/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

**MS Contin 15mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreasing from a 10/10 to a 6/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

**MS Contin 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreasing from a 10/10 to a 6/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.