

<b>Case Number:</b>	CM15-0195264		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/26/2000
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 63 year old, male who sustained a work related injury on 2-26-2000. A review of the medical records shows he is being treated for low back pain. Treatments have included spine surgery and medications. Current medications include MS Contin and Oxycodone. He has been taking both of these medications since at least 2-2015. There is no specific documentation on the effectiveness of these medications in improving his functional capabilities. In the progress notes, the injured worker reports severe back pain, muscle spasms and painful swelling in his left gluteal region. He rates his pain level an 8 out of 10. At best, his pain level is 4 out of 10 with medications and at worst, his pain level is 10 out of 10 without medications. His pain levels and reports of symptoms have not changed much in the last several office visits. He states he "cannot function without the pain medications." He reports trying to decrease his narcotic usage but he states he could not "function." In the objective findings dated 9-10-15, he has decreased lumbar range of motion. He has sensory loss to light touch, pinprick at left lateral calf and bottom of his foot. He has a palpable left gluteal region mass. His working status is not noted. The treatment plan includes The Request for Authorization dated 9-16-15 has requests for Oxycodone and MS Contin. In the Utilization Review dated 9-28-15, the requested treatment of Oxycodone IR 100mg. #120 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Oxycodone IR 100mg #120: Upheld**

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

**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. The request is for 1 Prescription of Oxycodone IR 100mg #120. Physical examination to the lumbar spine on 09/10/15/ revealed muscle spasm. Range of motion was noted to be limited. Per 09/16/15 Request For Authorization form, patient's diagnosis includes lumbar degenerative joint disease. Patient's medication, per 06/26/15 Request For Authorization form, included Oxycodone IR. Patient's work status was not specified. 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 treater has not addressed this request. Review of the medical records provided indicate that the patient has been utilizing Oxycodone IR since at least 02/24/15. However, the treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how Oxycodone IR 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. There were no UDS test results. 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.