

<b>Case Number:</b>	CM15-0200187		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 9-1-2005. The injured worker is undergoing treatment for: lumbar spine disc disease, cervical disc disease, headaches, insomnia, and left shoulder rotator cuff tear. On 2-6-15, he reported pain to the low back, neck and left shoulder. He indicated his pain had increased since his previous visit despite taking medications regularly. He stated medications as helping his pain. Physical examination revealed tenderness in the neck, positive Spurling sign and axial head compression, decreased range of motion of the neck, tenderness in the low back, piriformis testing positive bilaterally, sacroiliac tenderness, positive Fabere and Yoeman testing bilaterally, positive straight leg raise testing, and antalgic gait with use of cane for ambulation. On 7-6-15, he reported low back pain with numbness in the right leg. Physical examination is noted as "difficult because he was unable to move his right leg because of pain". There is no discussion of current pain level; 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. There is no discussion of aberrant behaviors or adverse side effects. The treatment and diagnostic testing to date has included: lumbar spine surgery (7-6-15), upper GI and KUB radiographs (3-24-15), individual and group psychotherapy, left shoulder surgery (date unclear). Medications have included: Prilosec, Colace, Probiotics, Bentyl, Oxycontin, Norco, Wellbutrin, Topamax, Prozac, Elavil, Melatonin, Ambien, and Viagra. The records indicate he has been utilizing Oxycontin and Norco since at least April 2015, possibly longer. Current work status: unclear. The request for authorization is for: Oxycontin 30mg quantity 90 and Norco 10-325mg quantity 120. The UR dated 9-28-2015: non-certified the request for Oxycontin 30mg quantity 90 and Norco 10-325mg quantity 120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30 mg #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): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has stated that his current pain medications are not working and that his pain is worse, therefore, continued use of oxycontin is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 30 mg #90 is not medically necessary.

**Norco 10/325 mg #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 for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has stated that his current pain medications are not working and that his pain is worse, therefore, continued use of Norco is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #120 is not medically necessary.