

Case Number:	CM15-0203307		
Date Assigned:	10/20/2015	Date of Injury:	07/03/2001
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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 61 year old male who sustained an industrial injury on 7-3-01. The medical records indicate that the injured worker is being treated for lumbar disc disorder; low back pain; depression. He currently (9-29-15) complains of low backache with recurrent muscle spasms, lower extremity radicular pain and a pain level of 3 out of 10 with medication and 7 out of 10 without medication. He reports poor sleep quality. With medication the injured worker has improved capability for activities of daily living including self-care and household tasks. The physical exam of the lumbar spine revealed restricted range of motion with pain, on palpation there was paravertebral muscle spasm, tenderness and tight muscle band bilaterally. He had a drug screen dated 4-28-15. Per the 9-29-15 progress note, "the patient currently does not exhibit any adverse behavior to indicate addiction. This patient has signed an opiate agreement on file, which the patient understands. We attempt periodic opiate reduction and weaning". The 10-22- 14 progress note indicated that the injured workers pain level in the low back decreased from 8 out of 10 to 3 out of 10 with regular use of OxyContin and oxycodone and that he is able to do activities of daily living and exercise with less pain and he is able to work on weekends doing short performances. Treatments to date include medications: OxyContin since at least 10-13-14, oxycodone, since at least 10-13-14, docusate, Lyrica, Flexeril, Fioricet, Aciphex, aspirin, Effexor; home exercise program. The request for authorization was not present. On 10-6-15 Utilization Review non-certified the requests for OxyContin 20mg #90 and modified to #56; oxycodone HCL 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

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 07/03/01 and presents with lumbar spine pain. The request is for OXYCONTIN 20 MG #90. There is no RFA provided and the patient is not currently working. The patient has been taking this medication as early as 03/31/15 and treatment reports are provided from 03/31/15 to 09/29/15. 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." On 03/31/15, he rated his pain as a 5/10 with medications and an 8/10 without medications. "No new problems or side-effects. Activity level has remained the same" 9/24/2010: UDS +BZO, BAR" The patient currently has adequate and appropriate analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including self-care and household tasks with the medications, which is reflected in improved capability for daily functional activities. The patient denies any new adverse effects from medications. The risks and benefits of the medications have been discussed with the patient in detail "the patient does not exhibit any adverse behavior to indicate addiction. This patient has a signed opiate agreement on file." On 05/22/15, he rated his pain as a 3/10 with medications and a 7/10 without medications. On 07/14/15, he rated his pain as a 5/10 with medications and a 7/10 without medications. The 08/04/15 report indicates that the patient "states the Oxycontin 30 mg was too high. He would like to go back to the 20 mg TID instead of Oxycontin 30 mg BID." The 09/01/15 report indicates that he rated his pain as an 8/10 with medications and a 10/10 without medications. The patient had a urine drug screen on 04/28/15 and was inconsistent with his prescribed medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate medication efficacy,

nor is there any outcome measures provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The request IS NOT medically necessary.

Oxycodone HCL 15mg #120: Upheld

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

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 07/03/01 and presents with lumbar spine pain. The request is for OXYCODONE HCL 15 MG #120. There is no RFA provided and the patient is not currently working. The patient has been taking this medication as early as 03/31/15 and treatment reports are provided from 03/31/15 to 09/29/15. 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." On 03/31/15, he rated his pain as a 5/10 with medications and an 8/10 without medications. "No new problems or side-effects. Activity level has remained the same" 9/24/2010: UDS +BZO, BAR" The patient currently has adequate and appropriate analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including self-care and household tasks with the medications, which is reflected in improved capability for daily functional activities. The patient denies any new adverse effects from medications. The risks and benefits of the medications have been discussed with the patient in detail "the patient does not exhibit any adverse behavior to indicate addiction. This patient has a signed opiate agreement on file." On 05/22/15, he rated his pain as a 3/10 with medications and a 7/10 without medications. On 07/14/15, he rated his pain as a 5/10 with medications and a 7/10 without medications. The 09/01/15 report indicates that he rated his pain as an 8/10 with medications and a 10/10 without medications. The patient had a urine drug screen on 04/28/15 and was inconsistent with his prescribed medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate

medication efficacy, nor is there any outcome measures provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The request IS NOT medically necessary.