

<b>Case Number:</b>	CM15-0205960		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/01/2000
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 59-year-old female who sustained an industrial injury December 1, 2000. Past history included pseudoarthrosis L3-4 L4-5, status post L2-4 posterior fusion with L3-4 TLIF (transforaminal lumbar interbody fusion) January 2013, status post posterior spinal fusion L5-S1 with pedicular instrumentation, status post anterior partial carpectomy and fusion L4-5 with removal of hardware L5-S1 and posterior fusion August 2005, status post hardware removal October 2006, deep vein thrombosis with subsequent pulmonary embolus. Diagnoses are lumbar spine radiculopathy; failed back syndrome, lumbar. According to a supplemental pain management physician's progress report dated September 10, 2015, the injured worker presented for interval follow-up for her ongoing low back pain. She reports frustration that her last surgery was not successful. She continues to take higher doses of opiate medications and the physician discussed if she is not having future surgery the doses need to be lowered. The physician further documented she is not reporting any cognitive side effects or respiratory depression with her current level of opioid medications. She rated her pain 3 out of 10 as the least and present pain 9 out of 10. Current medication included Celebrex, Soma, Lidoderm, Norco, Oxycontin and Neurontin. Physical examination revealed 5'5" and 163 pounds; able to transition from a seated to standing position and to exam table with moderate difficulty; tenderness to palpation to the lumbar paraspinal muscles and sacroiliac joints; decreased range of motion; back brace; sensory is diminished along the anterior lateral distribution at L5. Treatment plan included review of alternative to opioids for pain such as; hot, cold packs, stretching and exercises. The physician also discussed and documented no evidence of abuse, hoarding or diversion. At issue, is the

request for authorization for Oxycontin and Norco (both since at least January 26, 2015). A urine toxicology report dated July 14, 2015, is present in the medical record and documented as consistent with prescribed medications. A toxicology report dated May 13, 2015 is present in the medical record and documented as positive- no corresponding prescriptions provided. According to utilization review dated September 21, 2015, the requests for Oxycontin 80mg ER, (1) Tablet TID (three times a day) #90 and Norco 10-325mg, (1) Tablet Q6H every 6 hours PRN (as needed) #120 are non-certified.

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

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

#### **Oxycontin 80mg ER, 1 tab TID #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG and MTUS, Oxycodone ER (Oxycontin ER) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycontin should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.

#### **Norco 10-325mg 1 tab Q6H PRN #120: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with

any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.