

<b>Case Number:</b>	CM15-0209269		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old male who sustained an industrial injury on 04-01-2008. According to a progress report dated 09-28-2015, the injured worker had been experiencing constant upper and lower back pain and frequent pain and numbness in the bilateral lower extremities. His pain was usually an 8 on a scale of 1-10 but could sometimes increase to 10 without medications. He had been getting greater than 50-70% improvement in both his overall pain and ability to function with his current medications which decreased his pain to 2. This allowed him to perform activities of daily living with greater ease in sitting, walking, bending, lifting, bathing, cooking, sleeping and socializing. He noticed moderate problems sleeping without medications. He was working. Objective findings included restricted ranges of motion in all planes of the lumbar spine. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal musculature. He could not perform heel-toe gait with the right leg and demonstrated a limp. Assessment included lumbosacral radiculopathy, chronic myofascial pain syndrome-thoracolumbar spine moderate to severe and 10 mm disc protrusion at L5-S1 level. The treatment plan included an epidural steroid injection at the L5-S1 level due to failure of conservative therapy. Recommended medications included OxyContin, Wellbutrin and Norco. The provider noted that there was no documented abuse, diversion or hoarding of prescribed medications and no evidence of illicit drug use. Follow up was indicated in 4 weeks. A urine toxicology performed on 06-01-2015 showed Oxycodone was detected and was in the out of range reference column noting ">5000". Documentation shows use of Oxycontin dating back to 03-30-2015. An authorization request dated 09-28-2015 was submitted for review. The

requested services included OxyContin 30 mg #60 x 4 weeks, Wellbutrin SER 100mg #60 x 4 weeks, Norco 10-325 mg #60 x 4 weeks, lumbar epidural steroid injection at L5-S1 level and follow up in 4 weeks. On 10-09-2015, Utilization Review non-certified the request for Oxycontin 30 mg twice a day #60 (4 week supply).

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

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

**Oxycontin 30mg sig: 1 bid #60 (4 week supply): Overturned**

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).(g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is current

documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects and review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the request is medically necessary.