

<b>Case Number:</b>	CM15-0209589		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/02/2007
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2015

### 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 43 year old female with a date of injury on 02-02-2007. The injured worker is undergoing treatment for lumbar radiculopathy, impingement syndrome-left shoulder, lumbar herniated nucleus pulposus without myelopathy, carpal tunnel syndrome, status post bilateral carpal tunnel release, and erythema nodosum. A physician progress note dated 09-28-2015 documents the injured worker complains of intractable back pain. Her pain is described as sharp and stabbing and it is constant, and causes profound limitation. Pain radiates to both lower extremities and she has associated symptom of weakness and numbness. She ambulates with a cane. She complains of left shoulder and arm pain with is sharp and stabbing and it is constant. She has bilateral hand pain and it is described as stabbing and burning and it is constant. She drops things and she has weakness, and swelling. A physician progress note dated 10-12-2015 documents the injured worker has continued moderate to severe pain in the lumbosacral region in the midline. It limits her tolerance for sitting, standing and walking. She rates her pain as 6 out of 10; average pain intensity this past week has been 7 out of 10. She was told she is not a candidate for lumbar surgery. Her mood is low and she reports severe symptoms of depression. Oxycodone reduces her pain intensity and allows her to more fully engage in her activities of daily living with less interference from pain in terms of ability to bathe herself, dress herself , to walk longer distances, perform housekeeping tasks and to care for her daughter. A urine drug screen last done on 06-24-2015 was consistent with her medications. Treatment to date has included diagnostic studies, medications, activity modifications, wrist splint, and status post bilateral carpal tunnel release. A Magnetic Resonance Imaging of the lumbar spine reveals mild

progression of degenerative disc and facet disease at L3-4, L4-5 but no nerve root compression. Current medications include Paroxetine, Topiramate, Trazodone, Oxycodone, Erythromycin, Creon, pantoprazole, and Lasix. The Request for Authorization dated 10-12-2015 includes Oxycodone 5mg #30 (since at least 01-07-2012). On 10-16-2015 Utilization Review non-certified the request for Oxycodone 5mg #30.

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

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

#### **Oxycodone 5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Opioids.

**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:** Based on the 10/5/15 progress report provided by the treating physician, this patient presents with constant, stabbing, severe lumbar spine pain with radiation into the bilateral lower extremities with weakness/numbness, left shoulder/arm pain, and bilateral hand pain. The treater has asked for OXYCODONE 5MG #30 on 10/12/15. The patient's diagnoses per request for authorization dated 10/12/15 are MDD, panic disorder, and low back pain. The patient also complains of a lump in the right gluteal region near the ischial tuberosity per 10/12/15 report. The patient is using a cane to assist in ambulation per 10/5/15 report. Per review of reports, the patient has not had any past surgeries. The patient is currently using a wrist brace, and is s/p MRIs, X-rays, activity modification, and pain medications per 7/1/15 report. The patient is currently temporarily totally disabled as of 10/5/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states that "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, page 77, 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 that "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 does not discuss this request in the reports provided. The patient has been using Oxycontin as early as 1/29/15 report, and in subsequent reports dated 5/18/15 and 10/5/15. The patient has switched to Oxycodone as of 10/12/15 but no explanation is given for this change. MTUS requires

appropriate discussion of all the 4A's. A recent urine drug screen and CURES report were both consistent, and the patient has a treatment agreement for controlled substances on file per 10/12/15 report. However, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. In addition, no validated instrument is used to show analgesia. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request IS NOT medically necessary.