

<b>Case Number:</b>	CM15-0029167		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	12/05/2007
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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:

This 52 year old male sustained an industrial injury on 12/5/07, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (1/15/14) showed degenerative disk and facet joint disease with multilevel diffuse broad based disc bulge. Treatment included multiple lumbar spine surgeries including fusion at L5-S1, spinal cord stimulator, acupuncture, physical therapy, medications, epidural steroid injections and injections. In a supplemental report on pain management progress dated 1/19/15, the injured worker complained of low back pain 7/10 on the visual analog scale with pain radiating down the left lower extremity. The injured worker reported that pain medications weren't working as well as they used to. Physical exam was remarkable for upright posture with a mildly antalgic gait, tenderness to palpation over the lumbar tibia columns bilaterally with positive straight leg raise on the left. Current diagnoses included piriformis syndrome, failed back syndrome, lumbar radiculopathy and sacroiliitis. The treatment plan included bilateral facet injections at L4-5 and continuing current medications (Gabapentin, Lunesta, OxyContin and Percocet). On 1/26/15, Utilization Review noncertified a request for Oxycontin 20mg #30, Percocet 10/325mg #90, Oxycontin 20mg #5 and Percocet 10/325mg #15 noting lack of documentation identifying relief from analgesics and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, and Oxycodone/Acetaminophen, and Criteria for Use, and Weaning of Medications Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with ongoing low back pain rated 7/10 with pain radiating down the left lower extremity. The request is for OXYCONTIN 20MG #30. The RFA is not provided. Magnetic resonance imaging lumbar spine on 01/15/14 showed degenerative disk and facet joint disease with multilevel diffuse broad based disc bulge. Patient's current diagnosis included piriformis syndrome, failed back syndrome, lumbar radiculopathy and sacroiliitis. Treatments included multiple lumbar spine surgeries including fusion at L5-S1, spinal cord stimulator, acupuncture, physical therapy, medications, and epidural steroid injections. Patient's work status is not known. MTUS Guidelines 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 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. The prescription for Oxycontin has consistently been administered since at least 09/11/14. Treater has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Furthermore, per progress report dated 01/19/15, patient reported that pain medications are not working as well as they used to. The request IS NOT medically necessary.

**Oxycontin 20mg #5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, and Oxycodone/Acetaminophen, and Criteria for Use, and Weaning of Medications Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with ongoing low back pain rated 7/10 with pain radiating down the left lower extremity. The request is for OXYCONTIN 20MG #5. The RFA is not provided. Magnetic resonance imaging lumbar spine on 01/15/14 showed degenerative disk and facet joint disease with multilevel diffuse broad based disc bulge. Patient's current diagnosis

included piriformis syndrome, failed back syndrome, lumbar radiculopathy and sacroiliitis. Treatments included multiple lumbar spine surgeries including fusion at L5-S1, spinal cord stimulator, acupuncture, physical therapy, medications, and epidural steroid injections. Patient's work status is not known. MTUS Guidelines 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 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. The prescription for Oxycontin has consistently been administered since at least 09/11/14. Treater has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Furthermore, per progress report dated 01/19/15, patient reported that pain medications are not working as well as they used to. The request IS NOT medically necessary.

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, and Oxycodone/Acetaminophen, and Criteria for Use, and Weaning of Medications Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with ongoing low back pain rated 7/10 with pain radiating down the left lower extremity. The request is for PERCOCET 10/325MG #90. The RFA is not provided. Magnetic resonance imaging lumbar spine on 01/15/14 showed degenerative disk and facet joint disease with multilevel diffuse broad based disc bulge. Patient's current diagnosis included piriformis syndrome, failed back syndrome, lumbar radiculopathy and sacroiliitis. Treatments included multiple lumbar spine surgeries including fusion at L5-S1, spinal cord stimulator, acupuncture, physical therapy, medications, and epidural steroid injections. Patient's work status is not known. MTUS Guidelines 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 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. The prescription for Percocet has consistently been administered since at least 09/11/14. Treater has not stated how Percocet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Furthermore, per progress

report dated 01/19/15, patient reported that pain medications are not working as well as they used to. The request IS NOT medically necessary.

**Percocet 10/325mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, and Oxycodone/Acetaminophen, and Criteria for Use, and Weaning of Medications Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with ongoing low back pain rated 7/10 with pain radiating down the left lower extremity. The request is for PERCOCET 10/325MG #15. The RFA is not provided. Magnetic resonance imaging lumbar spine on 01/15/14 showed degenerative disk and facet joint disease with multilevel diffuse broad based disc bulge. Patient's current diagnosis included piriformis syndrome, failed back syndrome, lumbar radiculopathy and sacroiliitis. Treatments included multiple lumbar spine surgeries including fusion at L5-S1, spinal cord stimulator, acupuncture, physical therapy, medications, and epidural steroid injections. Patient's work status is not known. MTUS Guidelines 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 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. The prescription for Percocet has consistently been administered since at least 09/11/14. Treater has not stated how Percocet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Furthermore, per progress report dated 01/19/15, patient reported that pain medications are not working as well as they used to. The request IS NOT medically necessary.