

<b>Case Number:</b>	CM15-0213234		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/19/2002
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 is a 67 year old male who sustained an industrial injury on 6-19-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, lumbar degenerative joint disease and chronic pain syndrome. According to the progress report dated 10-6-2015, the injured worker complained of low back pain. The pain level was the same as at the last visit to the clinic. It was noted that the injured worker had full activities of daily living and pain relief with his present pain medications. He rated his pain 3 out of 10 with medication and 5 out of 10 without medication. He rated his disability with self-care as 4 out of 10 with medications and 6 out of 10 without medications. Objective findings (10-6-2015) revealed iliolumbar tenderness. Treatment has included H-wave, chiropractic treatment, lumbar epidural steroid injection and medications. Current medications (10-6-2015) included Oxycontin, Ambien CR, Lisinopril, Simvastatin and Metformin. The injured worker has been prescribed Oxycontin since at least 6-2012. The treating physician indicates that the urine drug testing result (10-2015) was consistent. The request for authorization was dated 10-6-2015. The original Utilization Review (UR) (10-20-2015) modified a request for Oxycontin from #60 to #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

**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 67 year old patient complains of low back pain, as per progress report dated 10/06/15. The request is for OxyContin 20mg #60. The RFA for this case is dated 10/06/15, and the patient's date of injury is 06/19/02. Diagnoses, as per progress report dated 10/06/15, included lumbar strain, lumbar degenerative disc disease, and chronic pain syndrome. Medications included Oxycontin, Lisinopril, Ambien, Simvastatin, and Metformin. The pain is rated at 6/10, as per progress report dated 09/25/15. The patient is off work, as per progress report dated 10/06/15. 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." In this case, Oxycontin is first noted in progress report dated 01/24/12. It appears that the patient has been taking the medication consistently since then. It is not clear when the opioid was initiated. In progress report dated 10/06/15, the treater states, "The patient is active with ADL which includes working his popcorn business three days a week during the summer and fall season." The treater further indicates that the patient has "full ADL's" and "pain relief." CURES report dated 09/29/15 is consistent and the patient is at low-risk for opioid misuse, as per the same progress report. UDS report for sample collected during the 10/06/15 visit is also consistent. The patient has a history of prostate cancer. In an appeal letter, dated 11/03/15 (after the UR denial letter), the treater states "the purpose of the Guideline is to assist primary care providers when treating patients with Chronic Non-Cancerous Patients (CNCP)." The treater reiterates that they are "pain specialists not primary care providers," and they follow all the Guidelines and the patient has no addiction and aberrant behavior. However, there is no discussion regarding before and after analgesia using a validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." MTUS requires adequate discussion of the 4A's to include the impact of opioid on analgesia, ADL's, adverse effects, and aberrant behavior., but in this case, treater has not addressed the 4A's effectively to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." Nonetheless, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.