

<b>Case Number:</b>	CM15-0031876		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 49 year old male, who sustained an industrial injury on 4/23/2009. The current diagnoses are post-laminectomy syndrome of the lumbar spine, chronic pain syndrome, lumbosacral spondylosis without myelopathy, and lumbar disc displacement with radiculitis. Currently, the injured worker complains of low back pain with radicular pain in the right leg. Additionally, he reports sacroiliac joint pain. His average pain is rated 8/10 on a subjective pain scale. Current medications are Oxycodone, OxyContin, and Ibuprofen. The physical examination of the lumbar spine reveals diffuse tenderness over the low back, right side worse than left. Straight leg raise and facet loading test is positive on the right. There is tenderness in the right sacroiliac joint. Range of motion of the spine is restricted and painful. Treatment to date has included medications, physical therapy, facet joint injections (2010), trigger point injections, transforaminal epidural steroid injections, and surgery. The treating physician is requesting Oxycodone 10mg #30, OxyContin 10mg #30, and Naproxen 500mg #60 with 3 refills, which is now under review. On 2/3/2015, Utilization Review had non-certified a request for Oxycodone 10mg #30, OxyContin 10mg #30, and Naproxen 500mg #60 with 3 refills. The medications were modified. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tabs of Oxycodone 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The 49 year old patient complains of low back pain that radiates to the right leg, along with sacroiliac joint pain, as per progress report dated 01/21/15. The request is for 30 TABS OF OXYCODONE 10 mg. There is no RFA for this case, and the patient's date of injury is 04/23/09. The patient is status post lumbar fusion instrumentation in February 2011, another lumbar fusion instrumentation in 06/13, and the SCS insertion trial and removal on 01/12/12, as per progress report dated 01/21/15. The pain is rated at 8/10 on average. Diagnoses included post-laminectomy syndrome of the lumbar spine, chronic pain syndrome, lumbosacral spondylosis, lumbar disc displacement, degeneration of lumbar intervertebral disc, persistent disorder, adjustment disorder, constipation and sacroiliitis. Current medications include Oxycodone, Oxycontin and Ibuprofen. The patient is not working, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the prescription for Oxycodone was first noted in progress report dated 08/21/14, and the patient has been taking the medication consistently at least since then. In progress report dated 01/21/15, the treater states that the since the last visit, the patient's pain and functionality have remained the same, sleep pattern is worse, and medication usage has decreased. The patient has signed narcotic use agreement and the his opioid risk tool score is 2, indicating low risk of dependence. The treater also states that the 4As are assessed on a regular basis. A urine toxicology test was consistent with opioid use, as per progress report dated 11/05/14. However, in progress report dated 11/12/14, the treater state that "In the past, he has tried narcotics and muscle relaxants without improvement to his back pain." There is no documentation of improvement in pain or change in pain scale due to Oxycodone . Additionally, the treater does not use a validated scale to demonstrate an improvement in function. Given the lack of discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use, the request IS NOT medically necessary.

**30 tabs of Oxycontin 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The 49 year old patient complains of low back pain that radiates to the right leg, along with sacroiliac joint pain, as per progress report dated 01/21/15. The request is for 30 TABS OF OXYCONTIN 10 mg. There is no RFA for this case, and the patient's date of injury is 04/23/09. The patient is status post lumbar fusion instrumentation in February 2011, another lumbar fusion instrumentation in 06/13, and the SCS insertion trial and removal on 01/12/12, as per progress report dated 01/21/15. The pain is rated at 8/10 on average. Diagnoses included post-laminectomy syndrome of the lumbar spine, chronic pain syndrome, lumbosacral spondylosis, lumbar disc displacement, degeneration of lumbar intervertebral disc, persistent disorder, adjustment disorder, constipation and sacroiliitis. Current medications include Oxycodone, Oxycontin and Ibuprofen. The patient is not working, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the prescription for Oxycontin was first noted in progress report dated 08/21/14, and the patient has been taking the medication consistently at least since then. In progress report dated 01/21/15, the treater states that since the last visit, the patient's pain and functionality have remained the same, sleep pattern is worse, and medication usage has decreased. The patient has signed narcotic use agreement and the opioid risk tool score is 2, indicating low risk of dependence. The treater also states that the 4As are assessed on a regular basis. A urine toxicology test was consistent with opioid use, as per progress report dated 11/05/14. However, in progress report dated 11/12/14, the treater state that "In the past, he has tried narcotics and muscle relaxants without improvement to his back pain." There is no documentation of improvement in pain or change in pain scale due to Oxycontin. Additionally, the treater does not use a validated scale to demonstrate an improvement in function. Given the lack of discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use, the request IS NOT medically necessary.

**60 tabs of Naproxen 500mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The 49 year old patient complains of low back pain that radiates to the right leg, along with sacroiliac joint pain, as per progress report dated 01/21/15. The request is for 60 TABS OF NAPROXEN 500 mg WITH 3 REFILLS. There is no RFA for this case, and the patient's date of injury is 04/23/09. The patient is status post lumbar fusion instrumentation in February 2011, another lumbar fusion instrumentation in 06/13, and the SCS insertion trial and removal on 01/12/12, as per progress report dated 01/21/15. The pain is rated at 8/10 on average.

Diagnoses included post-laminectomy syndrome of the lumbar spine, chronic pain syndrome, lumbosacral spondylosis, lumbar disc displacement, degeneration of lumbar intervertebral disc, persistent disorder, adjustment disorder, constipation and sacroiliitis. Current medications include Oxycodone, Oxycontin and Ibuprofen. The patient is not working, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen or Ibuprofen is first noted in progress report dated 11/05/14, and the patient has been taking the medication consistently at least since then. Prior progress reports also mention Naprosyn in their list of past medications," thereby indicating prolonged use. The treater, however, does not discuss the impact of the NSAID on patient's pain or function. There is no documentation found in the medical records provided that indicate that this medication is providing any pain relief or functional improvement for the patient. Therefore, the current request is not medically necessary.