

<b>Case Number:</b>	CM15-0036053		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 (IW) is a 53 year old female who sustained industrial injuries on 11/19/2001 in a 30 foot fall from a telephone pole. The IW has a history that includes multiple orthopedic trauma and surgeries. Her diagnoses include pain in joint lower leg, depression with anxiety, foot pain, lumbar radiculopathy, and hip bursitis. On 02/04/2015, the IW was seen by her primary treating physician. The note indicates the IW is considered permanent and stationary. Her pain is subjectively rated as a 7 on scale of 1-10. Pain without medications is rated as a 7.5 on a scale of 1-10. There were no new problems or side-effects, and her quality of sleep is fair. Her activity level had increased. On examination, she had restricted range of motion in the lumbar spine with bilateral tenderness and tight muscle band bilaterally, lumbar facet loading was negative, straight leg raising test was positive bilaterally, and straight leg raising test was positive bilaterally. Neck movements were restricted with tenderness noted in the cervical spine and paraspinal muscles. Inspection of the left wrist noted a mass on the dorsal surface with tenderness to palpation over the dorsal posterolateral wrist. The hip had tenderness over the SI joint and trochanter. Mild swelling and painful range of motion was noted in the left foot, and on examination, the motor testing was limited by pain, light touch sensation was decreased over lateral calf on both sides, and deep tendon reflexes were hyporeflexic. Cerebellar examination was grossly normal. Current medications included Miralax, Ditropan, Omeprazole, Paroxetine, Neurontin, Oxycodone, and Oxycontin. Treatment plan is for physical therapy situation post lumbar fusion in 10/14/2014 and follow up specialist visits to evaluate left wrist, left toe/foot issues, and bilateral knees. Therapies include requesting further visits with psychotherapy, and

referral to a urologist for evaluation of pelvic discomfort and hematuria. Prescriptions were given for Oxycodone, Omeprazole, Ditropan, and Oxycontin. On 02/20/2015 Utilization Review non-certified a request for Ditropan 5mg #30. Neither the MTUS-ACOEM nor the Official Disability Guidelines Treatment in Workers Compensation referenced Ditropan. Drugs .com was cited for reference. On 02/20/2015, Utilization Review non-certified a request for Oxycodone HCL 10mg #120. The MTUS guidelines were cited. On 02/20/2015 Utilization Review non-certified a request for Oxycontin 10mg #60. The MTUS Guidelines were cited.

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

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

#### **Ditropan 5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Ditropan, Treatment and prevention of urinary incontinence in women.

**Decision rationale:** The MTUS and ODG are silent on Ditropan. Other resources were used. In regards to Ditropan (oxybutynin) which is an antimuscarinic oral medication used in the treatment of bladder urgency. "For cognitively-intact women with urgency, urgency-predominant mixed incontinence, or overactive bladder symptoms who have not had sufficient improvement in their symptoms with initial lifestyle changes and behavioral therapy, we suggest a trial of antimuscarinics. Antimuscarinics are the most frequently prescribed medications for urgency incontinence. They are thought to act primarily by increasing bladder capacity and decreasing urgency by blocking basal release of acetylcholine during bladder filling." The medical records fail to reveal any signs and symptoms of urinary incontinence. As such, the request for Ditropan 5mg #30 is not medically necessary.

#### **Oxycodone HCL 10mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for neck, hip and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The previous UR has modified the request to #60 to allow for a wean which is appropriate. As such the question for Oxycodone HCL 10mg #120 is not medically necessary.

**Oxycontin 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for neck, hip and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for Oxycontin 10mg #60 is not medically necessary.