

<b>Case Number:</b>	CM15-0045449		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Emergency Medicine

### 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 69-year-old male, who sustained an industrial injury on January 11, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for left L5 and S1 radiculopathy with left lower extremity weakness, right L5-S1 radiculopathy with right lower extremity weakness, central disc extrusion at L5-S1 with bilateral lateral recess stenosis, moderate to severe bilateral L5-S1 neural foraminal stenosis, lumbar sprain-strain, central disc bulging at C3-C4, C4-C5, and C5-C6, and non-Hodgkin's lymphoma. On February 3, 2015, the injured worker reported bilateral low back pain and bilateral buttock pain. The Primary Treating Physician's report dated February 3, 2015, noted the injured worker's lumbar spine with restricted range of motion (ROM), discogenic provocative maneuvers positive, and positive left straight leg raise. The physical exams, dated December 2, 2014, and February 3, 2015, revealed no change in the injured worker's reports of pain or physical examination. The injured worker was noted to be undergoing chemotherapy for recurrence of non-Hodgkin's lymphoma in December 2014. Prior treatments have included medications, including prior medications of Zantac, Elavil, Feldene, Celebrex, Ibuprofen, and Vicodin, with current medications listed as Trazodone, OxyContin, Percocet, Valium, Soma, Ranitidine Celexa, and Metoprolol. On February 3, 2015, the Physician noted the injured worker was provided with a prescription for the OxyContin and Oxycodone as they provided 50% decrease of the injured worker's pain with 50% improvement in activities of daily living (ADLs) such as self-care and dressing. The injured worker was noted to be up to date with a pain contract, previous urine drug screen (UDS) was consistent, the medications had no adverse effect on the injured worker, and the injured worker showed no signs of aberrant behavior, with attempts to wean in the past

unsuccessful. The injured worker was noted to have been prescribed the OxyContin and Oxycodone since at least August 2014. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated February 11, 2015, requested a follow up visit in 4 weeks, Oxycodone 10/325mg #120 with 2 refills and Oxycontin 40mg #90 with 2 refills. The Utilization Review (UR) dated February 19, 2015, certified the request for a follow-up visit in 4 weeks, and non-certified the requests for Oxycodone 10/325mg #120 with 2 refills and Oxycontin 40mg #90 with 2 refills.

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

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

#### **Oxycodone 10/325mg #120 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** The requested Oxycodone 10/325mg #120 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The treating physician has documented no change in the injured worker's reports of pain or physical examination. The injured worker was noted to be undergoing chemotherapy for recurrence of non-Hodgkin's lymphoma in December 2014. Prior treatments have included medications, including prior medications of Zantac, Elavil, Feldene, Celebrex, Ibuprofen, and Vicodin, with current medications listed as Trazodone, OxyContin, Percocet, Valium, Soma, Ranitidine Celexa, and Metoprolol. On February 3, 2015, the Physician noted the injured worker was provided with a prescription for the OxyContin and Oxycodone as they provided 50% decrease of the injured worker's pain with 50% improvement in activities of daily living (ADLs) such as self-care and dressing. The injured worker was noted to be up to date with a pain contract, previous urine drug screen (UDS) was consistent, the medications had no adverse effect on the injured worker, and the injured worker showed no signs of aberrant behavior, with attempts to wean in the past unsuccessful. The injured worker was noted to have been prescribed the OxyContin and Oxycodone since at least August 2014. Further, the treating physician has not documented the medical necessity for an opiate load beyond the recommended 120 MED maximum. The criteria noted above not having been met, Oxycodone 10/325mg #120 with 2 refills is not medically necessary.

#### **Oxycontin 40mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** The requested Oxycontin 40mg #90 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The treating physician has documented no change in the injured worker's reports of pain or physical examination. The injured worker was noted to be undergoing chemotherapy for recurrence of non-Hodgkin's lymphoma in December 2014. Prior treatments have included medications, including prior medications of Zantac, Elavil, Feldene, Celebrex, Ibuprofen, and Vicodin, with current medications listed as Trazodone, OxyContin, Percocet, Valium, Soma, Ranitidine Celexa, and Metoprolol. On February 3, 2015, the Physician noted the injured worker was provided with a prescription for the OxyContin and Oxycodone as they provided 50% decrease of the injured worker's pain with 50% improvement in activities of daily living (ADLs) such as self-care and dressing. The injured worker was noted to be up to date with a pain contract, previous urine drug screen (UDS) was consistent, the medications had no adverse effect on the injured worker, and the injured worker showed no signs of aberrant behavior, with attempts to wean in the past unsuccessful. The injured worker was noted to have been prescribed the OxyContin and Oxycodone since at least August 2014. Further, the treating physician has not documented the medical necessity for an opiate load beyond the recommended 120 MED maximum. The criteria noted above not having been met, Oxycontin 40mg #90 with 2 refills is not medically necessary.