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| <b>Case Number:</b>   | CM15-0047798 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 09/17/1993 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2015 |

### 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 67 year old male who sustained a work related injury on September 17, 1993, incurring low back injuries. He was diagnosed with spinal, lumbar degenerative disc disease, lumbar stenosis and low back pain. Treatment included opiates, pain patches, sleep aides and anti-anxiety drugs. Imaging included Magnetic Resonance Imaging (MRI) and X rays. Currently, in December, 2014, the injured worker complained of back pain radiating into the left leg. Authorization was requested for prescriptions for a Duragesic Patch and Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 75mg/hr #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 44, 111.

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

**Decision rationale:** The patient presents with back pain, rated 7/10. The request is for DURAGESIC PATCH 75MG/HR #15. The RFA provided is dated 02/05/15 and the date of injury is 09/17/93. Per 02/12/15 report, diagnoses included spinal, lumbar degenerative disc disease, lumbar stenosis, low back pain and mood disorder. Physical examination to the lumbar spine revealed tenderness to palpation over the paravertebral muscles on both sides. Range of motion is restricted with flexion limited to 60 degrees and extension limited to 10 degrees. Straight leg raise testis positive on the left side in sitting at 50 degrees. The 02/12/15 report states the patient is stable with the current medication regimen. Function and activities of daily living improved optimally on current doses of medications. Current medications include Lexapro, Valium, Ambien, Percocet and Duragesic patch. The patient has been declared permanent and stationary and is not working. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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." Per treater report, 02/12/15, treater states, "the medication regimen is allowing him to perform self-care and live independently." The patient was prescribed Duragesic patches at least since 08/28/14, per provided medical records. The use of opiates require detailed documentation regarding pain and function as required by MTUS. General statements of function are inadequate documentation. Specific ADL's must be documented showing significant improvement. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Oxycodone 15mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

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

**Decision rationale:** The patient presents with back pain, rated 7/10. The request is for OXYCODONE 15MG #180. The RFA provided is dated 02/05/15 and the date of injury is 09/17/93. Per 02/12/15 report, diagnoses included spinal, lumbar degenerative disc disease, lumbar stenosis, low back pain and mood disorder. Physical examination to the lumbar spine revealed tenderness to palpation over the paravertebral muscles on both sides. Range of motion is restricted with flexion limited to 60 degrees and extension limited to 10 degrees. Straight leg raise testis positive on the left side in sitting at 50 degrees. The 02/12/15 report states the patient is stable with the current medication regimen. Function and activities of daily living improved optimally on current doses of medications. Current medications include Lexapro, Valium, Ambien, Percocet and Duragesic patch. The patient has been declared permanent and stationary and is not working. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a

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 patient has been prescribed Percocet 10/325mg as early as 08/28/14 and the treater has requested to initiate Oxycodone 15mg on 01/22/15 in addition to the current medication regimen. No explanation is provided as to why Oxycodone is being added. Per treater report, 02/12/15, treater states, "the medication regimen is allowing him to perform self-care and live independently." However, such general statements fail to show significant functional improvement. No validated instruments are used either. No outcome measures provided, and no opiate management including UDS and CURES. Given the lack of documentation of appropriate four A's, on-going or additional of opiates would not be supported. The request IS NOT medically necessary.