

Case Number:	CM15-0083759		
Date Assigned:	05/06/2015	Date of Injury:	01/16/1998
Decision Date:	06/10/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on 1/16/98. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic pain syndrome; unspecified thoracic or lumbosacral neuritis or radiculitis; unspecified myalgia and myositis; joint pain; unspecified insomnia; status post arthrodesis anterior/posterior lumbar L3-S1; status post arthrodesis sacroiliac joint bilaterally (6/6/11) and with Synthes screws (7/2/12). Treatment to date has included caudal epidural and right L4 transforaminal epidural steroid injection (12/10/14); sacroiliac (SI) joint block and arthrogram right (6/10/14 and 4/7/15); urine drug screening; medications. Diagnostics included X-rays lumbar spine. Currently, the PR-2 notes dated 4/13/15 indicated the injured worker was in the office on this date for medication issue. Since his last visit in this office he had a sacroiliac (SI) joint injection with 80% relief of his back pain. There may be one of the screws backed out of the SI joint. Because of the significant pain relief, the injured worker would like to reduce the Roxicodone from an average of 8 tablets a day to 6. If successful, he would like to reduce the tabs to 4 a day on the next visit. This office has been requesting authorization for a repeat caudal and right transforaminal epidural steroid injection atL3 but since there has been an 80% reduction in pain following the sacroiliac injection the provider wants to retract the caudal and transforaminal injections. The pain is made better with sleep, medications and nerve blocks, ice, changing positions. Last month the pain levels were 4/10 with an average of 7/10 and worst 8/10. Pain is worse in the morning and in the evening, but the SI joint injection has made the pain/spasticity better. The provider's treatment plan includes refill authorizations for: Oxycontin 20mg #60, Oxycontin 60mg #60 and Roxicodone 15mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-83 and 92.

Decision rationale: The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing review for continued use requires 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Oxycontin is a long acting form of Oxycodone which is a pure agonist. In this case the Oxycontin is used as part of a treatment regimen for severe chronic pain. Oxycontin is indicated for management of moderate to severe pain when a continuous, around-the-clock analgesic as needed for an extended period of time. Oxycontin tablets are not intended for use as a prn analgesic. The utilization review on 4/21/15 noted that the medical file did not document functional benefit and the morphine equivalent dose was 375, well above the recommended limit of 120. The MTUS does state that, only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007) There are other guidelines to consider, and actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. In this case the records provided and reviewed document long-term use of Oxycontin and Roxicodone by pain specialists. Attempts to decrease use of Roxicodone are documented in recent treatment notes.

The records also document decrease in pain from 9-10/10 to 4/10 with the current regimen. Specific functional improvement is documented including ability for self-care and ability to walk for prolonged periods and attend various functions with his family. No side effects are documented and the records state that there are no signs of overmedication. Urine drug screening has been appropriate with no aberrant pain behaviors or signs of misuse. The records do note that the treating pain specialist will continue to evaluate the efficacy of his current regimen and modify as indicated. For the reasons noted above I am reversing the prior UR decision. The request for Oxycontin 20 mg #60 is medically necessary.

Oxycontin 60mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-83 and 92.

Decision rationale: The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing review for continued use requires 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Oxycontin is a long acting form of Oxycodone which is a pure agonist. In this case the Oxycontin is used as part of a treatment regimen for severe chronic pain. Oxycontin is indicated for management of moderate to severe pain when a continuous, around-the-clock analgesic as needed for an extended period of time. Oxycontin tablets are not intended for use as a prn analgesic. The utilization review on 4/21/15 noted that the medical file did not document functional benefit and the morphine equivalent dose was 375, well above the recommended limit of 120. The MTUS does state that, only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007) There are other guidelines to consider, and actual maximum safe dose will be patient-specific and dependent on current and previous opioid

exposure, as well as on whether the patient is using such medications chronically. In this case the records provided and reviewed document long-term use of Oxycontin and Roxicodone by pain specialists. Attempts to decrease use of Roxicodone are documented in recent treatment notes. The records also document decrease in pain from 9-10/10 to 4/10 with the current regimen. Specific functional improvement is documented including ability for self-care and ability to walk for prolonged periods and attend various functions with his family. No side effects are documented and the records state that there are no signs of overmedication. Urine drug screening has been appropriate with no aberrant pain behaviors or signs of misuse. The records do note that the treating pain specialist will continue to evaluate the efficacy of his current regimen and modify as indicated. For the reasons noted above I am reversing the prior UR decision. The request for OxyContin 60 mg #60 is medically necessary.

Roxicodone 15mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-83 and 92.

Decision rationale: Roxicodone (oxycodone) is an opioid pain medication. The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing review for continued use requires 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The utilization review on 4/21/15 noted that the medical file did not document functional benefit and the morphine equivalent dose was 375, well above the recommended limit of 120. The MTUS does state that, only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007) There are other guidelines to consider, and actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using

such medications chronically. In this case the records provided and reviewed document long-term use of Oxycontin and Roxicodone by pain specialists. Attempts to decrease use of Roxicodone are documented in recent treatment notes. The records also document decrease in pain from 9-10/10 to 4/10 with the current regimen. Specific functional improvement is documented including ability for self-care and ability to walk for prolonged periods and attend various functions with his family. No side effects are documented and the records state that there are no signs of overmedication. Urine drug screening has been appropriate with no aberrant pain behaviors or signs of misuse. The records do note that the treating pain specialist will continue to evaluate the efficacy of his current regimen and modify as indicated. For the reasons noted above I am reversing the prior UR decision. The request for Roxicodone 15mg #180 is medically necessary.