

<b>Case Number:</b>	CM15-0230579		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	05/11/2001
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: Texas, Illinois

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:

This 60 year old man sustained an industrial injury on 5-11-2001. Diagnoses include chronic low back pain status post lumbar spine surgery, lumbosacral radiculopathy with hypersensitive pain in the L5 dermatome, and depression. Treatment has included oral medications including Oxycodone and Neurontin, transforaminal epidural steroid injection, and spinal cord stimulator. Physician notes on a PR-2 dated 9-14-2015 show complaints of low back pain with radicular pain in the second and third toes. The physical examination shows tenderness to palpation across the low back and "decreased" range of motion of the lumbar spine. There is also decreased sensation in the left leg and positive straight leg raise. Recommendations include continue use of spinal cord stimulator, psychology re-assessment, re-assessment of medical issues with internal medicine, continue activities as tolerated, continue Oxycodone, and follow up in four weeks. Utilization Review modified requests for Oxycodone, urine drug screen, and monthly office visits on 11-5-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 5-11-2001. Diagnoses include chronic low back pain status post lumbar spine surgery, lumbosacral radiculopathy with hypersensitive pain in the L5 dermatome, and depression. Treatment has included oral medications including Oxycodone and Neurontin, transforaminal epidural steroid injection, and spinal cord stimulator. The medical records provided for review reveals that Oxycodone 5 mg #120 is not medically necessary and appropriate. The medical records reveal that the injured worker has been using this medication since at least 06/2014, but with no evidence that the injured worker is being monitored for activities of daily living, pain control, and adverse effects. The medical records also reveal that the injured worker is not being assessed based on the MTUS guidelines for long-term use of opioids if used longer than six months. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends that when opioid medication is used beyond six months, pain and function be monitored and recorded using numerical scale and compared with baseline values. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The requested treatment with Oxycodone 5 mg #120 is not medically necessary and appropriate.

**Toxicology/UA urine analysis times 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

**Decision rationale:** The injured worker sustained a work related injury on 5-11-2001. Diagnoses include chronic low back pain status post lumbar spine surgery, lumbosacral radiculopathy with hypersensitive pain in the L5 dermatome, and depression. Treatment has included oral medications including Oxycodone and Neurontin, transforaminal epidural steroid injection, and spinal cord stimulator. The medical records provided for review reveals that Toxicology/UA urine analysis times 4. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines recommends doing a risk stratification on individuals using various screening tools, including opioid counts, urine drug screen. Based on the outcome of these, individuals are categorized into various groups, and subsequently decisions on the frequency of drug screen are made based on

the risk group the individual belongs. The medical records reviewed did not provide any information on the injured workers risk group. Additionally, the MTUS makes no recommendation for ordering urinalysis as a tool to monitor drug use. Therefore, the request for Toxicology/UA urine analysis times 4 is not medically necessary.

**Office visit monthly times 12 every 30 days:** 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, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 5-11-2001. Diagnoses include chronic low back pain status post lumbar spine surgery, lumbosacral radiculopathy with hypersensitive pain in the L5 dermatome, and depression. Treatment has included oral medications including Oxycodone and Neurontin, transforaminal epidural steroid injection, and spinal cord stimulator. The medical records provided for review reveals that Office visit monthly times 12 every 30 days is not medically necessary. The medical records revealed the injured worker had been using opioids, but this has been determined not to be medically necessary. Also, the MTUS does not have any set visit frequency. Rather, the MTUS states as follows: Visit Frequency: (a) There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The Official Disability Guidelines states as follows: The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. It is not possible to have a set frequency of visits for this individual with several co-morbid conditions, especially as the use of opioids has been determined to be not medically necessary. The Official Disability Guidelines encourages office visits, but it has to be based on the courses and outcome of treatments, which are periodically determined. Therefore, the request for Office visit monthly times 12 every 30 days is not medically necessary and appropriate.