

<b>Case Number:</b>	CM15-0235920		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	09/18/1991
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	12/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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, Florida, California

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 57 year old female, who sustained an industrial injury on 9-18-1991. The injured worker was diagnosed as having chronic pain syndrome, back pain-chronic-lumbar, lumbar postlaminectomy syndrome, depression, anxiety disorder-generalized, lumbar degenerative disc disease, and status post arthrodesis/ lumbar, L4-5 and L5-S1. Treatment to date has included diagnostics, lumbar spinal surgery in 1999 and 2002, bilateral shoulder surgeries in 1998, and medications. On 11-23-2015, the injured worker complains of pain in her right leg, right buttock, bilateral hips, right knee, low back, and right ankle-foot. In the last month with medications, she reported least pain rated 2 out of 10, average pain 4 out of 10, and worst pain 6 out of 10. Without medications in the last month, the least pain was rated 3 out of 10, average pain 5 out of 10, and worst pain 7 out of 10. Pain ratings were unchanged from 10-01-2015 and 4-10-2015. Pain was documented as "worse in the evening, all day" and she reported toleration of pain rated 4 out of 10. Activity assessment noted that she was resting or reclined 25-25% of waking hours. Mood assessment noted "happy, crying, depressed, anxious in the last 30 days". A review of symptoms noted constipation, loss of bladder control, memory loss, unsteadiness, anxiety, and depression. Medications included Kadian 50mg XR24H-cap (2 in am and 1 at night), Oxycodone 15mg (1 tab every 4-6 hours as needed for breakthrough pain-max 2 per day), Cymbalta, Robaxin, Colace, and compound pain cream. Exam noted ambulation without assistive device, and a steady gait. She displayed a positive mood and affect. Urine drug screening was documented as pending. Medications were refilled. The use of Kadian and Oxycodone was consistent since at least 4-2015. Current work status was not noted. On 12-02-

2015 Utilization Review non-certified a request for Oxycodone 15mg #60 and certified Kadian 50mg XR24H-cap #60 (original request #90).

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

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

**Oxycodone HCL 15 mg tabs 1 tab po q 4-6 hours prn breakthrough pain max 2 per day #60 0 refills for chronic back pain as an outpatient: 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.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127: This claimant was injured in the year 1991 now 25 years ago. There is reported to be chronic back pain from a lumbar postlaminectomy syndrome with depression and anxiety. There was a partial certification on the Kadian. The medicine has been in use since at least April 2015. Objective, functional improvement out of the regimen is not noted. It is not stated why the provider chooses an opiate in a person with depression. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. The request is not medically necessary. NOTE: Although the request is not verified as being medically necessary, a regimen such as this should never be stopped abruptly. If the provider does decide to stop the treatment, it should be weaned over time under the care of a physician knowledgeable in the tapering of such medication.

**Kadian 50 mg XR24-H-XAP (Morphine Sulfate) take 2 every am and 1 at night #90 0 refills, for chronic back pain as an outpatient: 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.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127. As noted previously this claimant was injured in the year 1991, now 25 years ago. There is chronic back pain, lumbar postlaminectomy syndrome with depression and anxiety. There was a partial certification on the Kadian. The medicine has been in use since April 2015. Objective, functional improvement out of the regimen is not noted. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111, and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request is not medically necessary. NOTE: Although the request is not verified as being medically necessary, a regimen such as this should never be stopped abruptly. If the provider does decide to stop the treatment, it should be weaned over time under the care of a physician knowledgeable in the tapering of such medication.