

<b>Case Number:</b>	CM15-0236887		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	11/12/1992
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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, Hawaii  
 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 63 year old female who sustained an industrial injury on 11-12-1992. A review of medical records indicates the injured worker is being treated for chronic thoracic and lumbar pain and spasm, RFN left T12 and L1 medial branches, and anterior discectomy and fusion T11-12. Medical records dated 11-13-2015 noted her pain was centered in the lower thoracic region extending into her left lower back rated 6 out of 10. Pain has been stable since being seen several months ago. Physical examination noted her left thoracolumbar region was tender. Reflexes were reduced at the knees and ankles. Treatment has included OxyContin since at least 5-28-2015. Utilization review form dated 11-25-2015 modified OxyContin 80mg #60 and non-certified Evzio 0.4mg #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The medical records indicate the patient has chronic complaints of thoracolumbar pain. The current request for consideration is Oxycontin 80mg, #60 with three refills. The 11/13/15 progress report, page (15b), indicates the patient has increased function and decreased pain with opioid medication. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, the medical documentation provides evidence of decreased pain and increased function after the administration of opioid medication. The records indicate she tolerates the medication well, with no adverse effects. She is able to tolerate standing and walking, allowing her to better accomplish personal care, including toileting, bathing and dressing. She finds it easier to tolerate housework and community gatherings. She is able to exercise with stationary bike and walking. She has an up to date CURES. She has no addictive behavior. The medical documentation is consistent with MTUS guidelines and as such, the request is medically necessary.

**Evzio 0.4mg, #2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Evzio (Naloxone) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Naloxone.

**Decision rationale:** The medical records indicate the patient has chronic complaints of thoracolumbar pain. The current request for consideration is for Evzio. 4mg, #2. The attending physician mentioned that he counseled the patient about the availability of Naloxone. The ODG has this to say regarding Naloxone (Evzio): Recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. Recommended on a case-by-case basis for outpatient, pre-hospital use, to treat opioid overdose for patients who are prescribed opioids for acute and chronic pain (malignant and non-malignant) due to documented pathology. There is little evidence-based research to guide who should receive Naloxone in an outpatient medically prescribed setting. Guidance is partially dependent on risk factors for overdose. When used in these pre-hospital settings, the patient will still require emergency and perhaps long term care. In this case, the attending physician admits that the patient is at high risk for overdose because of the high dosage of Oxycontin and Percocet he has prescribed. As such, the request is medically necessary.