

<b>Case Number:</b>	CM15-0242954		
<b>Date Assigned:</b>	12/22/2015	<b>Date of Injury:</b>	04/29/2000
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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 73 year old male, who sustained an industrial injury on 4-29-2000. The injured worker is undergoing treatment for: low back pain, failed back surgery syndrome, lumbar spinal stenosis and facet arthropathy, and chronic left shoulder pain. The treatment and diagnostic testing to date has included medications and evaluations. Medications have included Xanax, Norco, Oxycodone, soma. The records indicate he has been utilizing Oxycodone 30mg since at least March 2015. On 10-20-15, he reported continued low back pain. He indicated his "medications allow him to have improved pain and he is able to carry out activities of daily living." He rated his pain on a good day 9 out of 10, and bad day 10 out of 10. On 11-10-15, he reported having more low back and left shoulder pain. He indicated his current medication regimen was not providing adequate relief of his pain. Current medications noted are Norco 10/325mg, Oxycodone 30mg, Soma 350mg, and Xanax 1mg, Fiorinal with Codeine, Gabapentin, and Ambien. He rated his pain on a good day 9 out of 10, and bad day 10 out of 10. Physical examination revealed tenderness in the neck, tenderness and spasm in the lumbosacral area, positive bilateral sitting straight leg raise testing, and antalgic gait, and spasm in the bilateral cervical and lumbar spines. Current work status is not documented. The request for authorization is for Oxycodone HCL 30mg quantity 180, and Dilaudid 8mg quantity 90. The UR dated 11-21-2015 non-certified the request for Oxycodone HCL 30mg quantity 180, and Dilaudid 8mg quantity 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription of Oxycodone HCL 30mg #180: 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:** This claimant was injured about 16 years ago, with low back pain and failed back surgery. As of October, there is still pain. Despite the medicines, he reports the pain is still a 9 out of 10 on a good day. The objective, functional benefit out of the regimen is not noted. 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, or (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. 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.

### **1 Prescription of Dilaudid 8mg #90: 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:** As shared previously, this claimant was injured about 16 years ago, with low back pain and failed back surgery. As of October, there is still pain. Despite the medicines, he reports the pain is still a 9 out of 10 on a good day. The objective, functional benefit out of the regimen is not noted. 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, or (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. 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.