

<b>Case Number:</b>	CM14-0124979		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/21/1998
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49 year old female who was injured on 01/21/1998. The mechanism of injury is unknown. Prior medication history includes Oxycontin, Norco, Topamax, Flexeril, Prozac, Cymbalta, Lorazepam and Xanax. Prior surgeries include lumbar hemilaminectomy with revision x 2. Progress report (PR) dated 02/18/2014, noted the patient presented with complaints of low back pain, neck pain and shoulder pain. She reported having severe headache, and requested a refill of her medications. Musculoskeletal exam documented lumbar tenderness. On exam, deep tendon reflexes were 2+/4 in upper and lower extremities. Normal gait was reported. Listed diagnoses included lumbar disc disorder and headaches. The patient was giving a refill of her OxyContin 40 mg 1 tid and OxyContin 30 mg q.d, and Norco 10 mg tid. The doctor noted the patient was experienced withdrawal symptoms and headaches due to reported difficulty with weaning as "WC" was reportedly not giving correct medications. Prior utilization review dated 07/29/2014, stated the request for Oxycontin 40mg bid and 30mg was not certified as the patient should have weaned off this medication completely (based off of a discussion related to a prior UR on 10/13/2013 according to the reviewer; the documents from the referenced date and phone conversation were not available for my review), and Norco 10mg was not certified as it was not supported by the guidelines. On 08/04/2014, PR documented a chief complaint of low back pain. Musculoskeletal exam revealed thoracic, lumbar, and sacral restriction. Listed diagnoses included lumbar disc disorder and chronic pain syndrome. It was noted the patient stated she was unable to wean further on her medications due to pain. Her Oxycontin 40mg bid, Oxycontin 30mg qd, and Norco 10mg tid were continued. Psychiatry progress report dated 08/06/2014, recorded complaints of depression, anxiety, pain, and disability under subjective complaints. Objective findings listed as "depression" and "anxiety". She was diagnosed with Major Depression. Noted that this was due to continuing pain and disability related to her initial injury,

as well as her inability to obtain medication (presumably her pain medications) as it was not "authorized in a timely fashion which also leads to suicidal rumination." PR dated 08/11/2014, noted the patient presented with complaints of pain in the upper and lower back, shoulders, and groin. It was noted it was "Still same pain, cannot afford Meds." Lumbar, thoracic, and sacral tenderness was noted on musculoskeletal exam. The patient was diagnosed with lumbar disc disorder with myelopathy, chronic pain syndrome, and degenerative lumbar intervertebral disease. The patient was prescribed MS Contin. ER visit not from [REDACTED] dated 08/14/2014, documented the patient presented with a chief complaint of low back pain. She reported a recent fall 3-weeks prior to the date of the visit, which exacerbated her pain. The Monday prior to her ER visit (08/11/2014), she was switched from Oxycontin to MS Contin, which the patient reported was not controlling her pain. She also reportedly "ran out" of her Alprazolam 4-days prior to her ER visit. She reported a history of lower extremity weakness which is only well controlled when she is taking Oxycontin. It was noted she was scheduled to have an appointment for the first time with a pain management physician. Exam findings documented included "fair" range of motion, with diffuse paraspinal muscle tenderness across the low lumbar region. No SI tenderness noted. Extremity exam noted the patient could "extend her legs somewhat in the lateral position, albeit somewhat uncomfortably." Plantar and dorsiflexion of the great toes and ankles was symmetric and strong. Gross exam revealed no motor or sensory deficit. Patellar and Achilles reflexes were symmetric and brisk. She received injections of Dilaudid and Toradol. Discharge diagnosis listed as acute exacerbation of chronic low back pain. PR dated 08/25/2014, noted the patient presented with complaints of pain in the back, shoulders, neck, and groin. Patient reportedly had an allergic reaction to Morphine Sulfate, which had been prescribed as Oxycontin had not been approved in prior UR. The patient reportedly was in hospital for withdrawal since her last office visit. She had since been put back on Oxycontin, with improved symptoms. Listed diagnoses included lumbar disc degeneration, and chronic pain syndrome. Care plan noted the patient had disc pain and "await court proceeding for pain control." Patient reportedly had an appointment scheduled with a pain specialist in the following month. Orders for Oxycontin 40mg bid, Oxycontin 30mg qd, and Norco 10mg tid were prescribed for pain control. She was also administered a ketorolac injection. ER visit note for [REDACTED] dated 09/07/2014, noted the patient presented for "Psychological Visit." She requested a refill of Ativan as she was "out of her Xanax" and could not get a refill until the following day. She was prescribed 10 Ativan and "strongly encourage[d]" follow-up with her primary care physician to discuss psychological concerns. She was subsequently discharged home. PR dated 09/08/2014, noted the patient presented with complaints of neck and back pain, and for refills of her pain medication. Musculoskeletal exam again documented only "Lumbar tenderness". Normal gait and deep tendon reflexes were recorded. Diagnoses included lumbar degenerative disc disease, chronic pain syndrome, and pelvic pain. She was also administered a ketorolac injection. She was instructed to continue Oxycontin 40mg bid, 30mg qd, and Norco 10mg tid.

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

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

**Oxycontin 40mg and 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include: "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." The MTUS also notes that immediate discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances", if there is The MTUS also recommends opioids should be continued if "the patient has improved functioning and pain." The MTUS "Overall treatment suggestions" note that a trial of opioids as a non-first-line agent for chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months, though the MTUS also notes that if the current dose of opioids is effective, there should be no "attempt to lower the dose if it is working." 690 pages of medical records were provided to me for review. Recent, relevant information is summarized above. The medical records provided do not document any measure of degree of pain intensity save for a single ER note dated 08/14/2014, which documented a 7/10 pain. Recommendations for maximum morphine equivalent dosing for opiate medications is 120 mg daily. The patient is currently receiving a morphine equivalent dose of 255 mg combining her Oxycontin and Hydrocodone doses, which despite weaning from much higher doses in the past, is still twice the recommended maximum. Medical records indicate the patient's pain has remained unchanged over time. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request for Oxycontin is not medically necessary.

**Norco 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include: "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." The MTUS also notes that immediate discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances", if there is The MTUS also recommends opioids should be continued if "the patient has improved functioning and pain." The MTUS "Overall treatment suggestions" note that a trial of opioids as a non-first-

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