

<b>Case Number:</b>	CM14-0148960		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/12/2003
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Occupational and Environmental Medicine and is licensed to practice in Colorado. 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 worker developed back pain after pulling a box weighing 40-50 pounds on August 12, 2003. The worker was diagnosed with chronic back pain and utilized Norco 10/325 b.i.d., OxyContin 40 mg one to 2 times per day, Motrin 800 mg 2-3 times per day. The worker was also involved in a motor vehicle accident on July 4, 2014 and developed a lumbar spine strain and increasing paresthesias in the left lower extremity. Exam findings at that time showed positive left lower extremity straight leg raise and decreased sensation with reduced strength in the left lower extremity. Lumbar flexion was reduced to 30 degrees flexion and 12 degrees extension and left lateral bending. On April 25, 2014 lumbar spine x-rays showed instability at the L5-S1 level with dynamic spondylolisthesis of 2.5 mm in flexion. There were bilateral L5 pars defects. A CT scan of the lumbar spine on May 20, 2014 which revealed trace L5-S1 anterolisthesis and bilateral L5 pars defects appear to be chronic with bilateral L5-S1 foraminal moderate stenosis. The worker was treated with physical therapy and chiropractic and the above-mentioned medications. Electrical stimulation was used at bedtime. The worker was offered epidural steroid injection and declined. The treating provider has requested refills of Motrin and OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg 1 BID #60 3-6 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75, 77, 79, 81, 124.

**Decision rationale:** The medical records supplied reflect that the worker had been treated with both short-acting and long-acting opioid medications for an extended period of time. There is a prescription for a pain medicine specialist evaluation for better management of the workers chronic back pain. There is no information regarding attempts to wean the worker from narcotics. The MTUS provides that long-term, observational studies have found that treatment with opioids tends to provide improvement in function and minimal risk of addiction, but many of these studies include a high dropout rate. The MTUS also provides that there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The MTUS provides that weaning from opioids should be performed gradually as long-term opioids users cannot be abruptly weaned. Additionally, the longer the patient has taken opioids the more difficult they are to taper. There are additional difficulties with weaning with medical comorbidities, advanced age, female gender, and the use of multiple agents. A referral to a pain medicine specialist may be required if the tapering of the opiate medications is not tolerated. In this case, it appears that the worker has been on long-term narcotic/opioid medication management of chronic back pain without documentation of weaning attempts or recent involvement of pain medicine specialist. An abrupt discontinuation of the long-acting opioid OxyContin is not recommended by the MTUS and therefore the request for refill of OxyContin is considered medically necessary and appropriate.

**Motrin 800mg 1 BID #60 3-6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 22, 60, 67- 68.

**Decision rationale:** The medical records reflect that the worker had been using Motrin (Ibuprofen) on a long-term basis for chronic back pain management. There is no documentation of any specific improvement in functional capacity secondary to the use of Motrin. The MTUS chronic medical treatment guidelines state that NSAID's (i.e. Motrin/Ibuprofen) may be indicated as an option for short-term symptomatic relief for chronic back pain and, that long-term use of NSAID's may not be warranted because studies have not shown that NSAIDs are more effective than acetaminophen while demonstrating increased side effect profile. Although NSAIDs are a recommended second line treatment for chronic low back pain, NSAIDs have been shown to have more adverse side effects than either placebo or Acetaminophen. The MTUS guidelines supports treatment with NSAID medications for the management of chronic pain however in this case, there is insufficient documentation of improvements of the worker's pain and/or function attributable to Motrin utilization specifically. Therefore, the request for Motrin is not considered medically necessary or appropriate.

