

<b>Case Number:</b>	CM14-0149866		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Alabama. 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 53-year old male who was injured on 09/13/2012. The mechanism of injury is unknown. Prior medication history included allopurinol, Fentanyl patch, Prior treatment history has included bilateral L5, bilateral L4 and bilateral L3 facet joint nerve injections on 08/14/2014; 13 sessions of physical therapy and home exercise program. There were no toxicology reports available for review. Progress report dated 08/04/2014 states the patient was seen for chronic low back pain which he rated as an 8/10 and averages a 7/10. He also reported left thigh and right wrist pain. He was reportedly taking Fentanyl patch 25 and oxycodone 10/325 mg which he found to be helpful. On exam, he had some guarding with range of motion. He was diagnosed with lumbar facet arthropathy, chronic low back pain, arm, elbow, and forearm pain and lumbar facet arthropathy. The patient was recommended to continue with oxycodone 10/325 mg #90 and Fentanyl 125 mg and a urine drug screen was requested as well. Prior utilization review dated 08/11/2014 states the request for Oxycodone 10/325 (90 tabs); and Fentanyl patch (# not specified) is denied as there is a lack of documented functional improvement with the use of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10/325 (90 tabs):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GuidelinesODG section on chronic pain subsectio: Opioids/medication

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

**Decision rationale:** The above MTUS guidelines for ongoing opioid management states "Ongoing review and 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These 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 4 A's have been documented in the note from 8/4/14 stating "He denies side effects except possible low testosterone level. It helps him being more active and gives us an example he is able to do some yard work. He mows his lawn every other week, but slowly. He goes for a walk twice a day. He does not think he would be able to do these things without the pain medication. He had a period of time when transitioning care where he went five days without pain medication. His pain level was very much higher and functional status was worse... No evidence of aberrant drug behavior. His last urine drug screen was normal... His CURES report was normal." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

**Fentanyl patch (# not specified):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GuidelinesODG section on chronic pain subsectio: Opioids/medication

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Duragesic (Fentanyl transdermal system Page(s): 44.

**Decision rationale:** The above MTUS guidelines for ongoing opioid management states "Ongoing review and 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.

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