

<b>Case Number:</b>	CM14-0165430		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/11/1985
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Pain Management and is licensed to practice in California. 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 injured worker is a 56 year old male with a date of injury on January 11, 1985. As per September 23, 2014 report, he presented with low back pain rated at 5-6/10. Exam revealed tenderness over the superior trapezius and levator scapulae on movement, and ilio-lumbar tenderness on palpation and flexion at the waist to the knee and on extension. T-spine of the magnetic resonance imaging dated July 9, 2014 revealed degenerative changes of T5 through 12 without evidence of cord ischemia with flattening of the ventral surface of the spinal cord at T8-10 without evidence of myelomalacia. He has had extreme lateral interbody fusion at L3-L4, T7-8 discectomy, fusion and instrumentation, and anterior lumbar interbody fusion L4-5 with posterior decompression and transpedicular fixation, knee surgery, and one carpal tunnel release. He is currently on Oxycontin, Methadone, hydromorphone, Lidoderm patches, Lithium, Wellbutrin, and Ritalin. Oxycontin allowed him to do his full activities of daily living and reduced his back pain. The provider indicated that the medications prescribed to him require complex cognitive review of symptoms, physical and drug monitoring results and the complexity of treating him with narcotics, benzodiazepines, and muscle relaxants whether prescribed by this office or other providers adds to the risk of overdose. Previous test for misuse of opiates showed he was low risk of misuse at +2. A report dated September 22, 2014 was consistent for medications and provider. The last urine drug test was consistent for methadone, oxycodone and fentanyl. Diagnoses include post-laminectomy pain syndrome and chronic pain syndrome and multilevel thoracic degenerative spondylosis with possible intermittent myelopathy. The request for Oxycontin 40mg #480 was modified to Oxycontin 40mg #9 and Current Opioid Misuse Measure (COMM) test was denied on September 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg, #480:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

**Decision rationale:** OxyContin is a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers 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)." In this case, there is no mention of ongoing attempts with non-pharmacologic means of pain management such as exercise or relaxation techniques. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. Furthermore, concurrent use of two or more long-acting opioids is not warranted due to increased risk of overdose (in this case, the injured worker is also on Methadone and Fentanyl). The medical documents do not support continuation of Oxycontin and thus the request is not considered medically necessary.

**COMM (Current Opioid Misuse Measure) test for opiate misuse:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening tests for risk of addiction and misuse. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addiction (tests) Page(s): 90.

**Decision rationale:** Recommendation for screening for the risk of addiction prior to initiating opioid therapy is used to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. Recommended screening instruments include the following: 1) The Cage Questionnaire: The most widely used screening tool prior to starting opioids; 2) Cyr-Wartman Screen; 3) Skinner Trauma Screen; 4) The Screener and Opioid Assessment for Injured Workers with Pain; 5) Opioid Risk Tool. The requested Current Opioid Misuse Measure test is not a recommended screening tests per the California Medical Treatment Utilization Schedule guidelines. Furthermore, the injured worker has already had such test done with the result of low risk of misuse. Moreover, the report and urine drug test recently were

consistent with prescribed medications. Nonetheless, there is no documentation of any aberrant behavior or signs of non-compliance / misuse. Thus, the request is not medically necessary per guidelines and submitted medical records.