

<b>Case Number:</b>	CM14-0185346		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with an injury date of 06/16/10. Based on the 10/08/14 progress report provided by treating physician, the patient complains of neck and low back pain that radiates to the upper and lower extremities. Patient is status post bilateral sacroiliac joints 09/29/14, which significantly improved his radicular symptoms. Patient reports being able to walk more at home following the procedure. He used his walker less and spent more time on his feet. His current medications include Percocet, Oxymorphone, Metaxalone, Lyrica, Carvedilol and Celebrex. Patient's pain level is rated 5-10/10 and is decreased to 2-5/10 with medications. Patient states his pain is decreased and his function is improved with the use of medications. He states having difficult tolerating even routine activities of daily living without his medications. Patient denies negative side effects with medication, including sedation, cognitive impairment or constipation. Patient denies aberrant drug behaviors and uses his medications as prescribed. Opioid treatment contract was signed. Treating physician is prescribing the lowest dose and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Urine drug screen reports dated 05/01/14 and 06/03/14 have been submitted, and showed results consistent with prescriptions. Diagnosis 10/08/14: status post anterior posterior L5-S1 fusion 04/21/11; failed back surgery syndrome; status post permanent implantation of lumbar spinal cord stimulator July 2013; postoperative neck pain with MRI evidence of disc bulge and osteophytes at C6-7 and C7-T1; status post left shoulder surgery November 2012; depression, industrially related due to intractable pain; status post pacemaker placement for sick sinus syndrome 08/14/12. The request is for Oxymorphone HCL ER 30 mg #15. The utilization review determination being challenged is dated 10/27/14. The rationale is:

"the request is modified to #45... guidelines recommend that the total morphine equivalent dosage not exceed 120mg per day." Treatment reports were provided from 05/01/14-10/13/14.

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

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

#### **Oxymorphone HCL ER 30 mg #15: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78, 88-89.

**Decision rationale:** The patient presents with failed back surgery syndrome, and neck and low back pain that radiates to the upper and lower extremities. The request is for Oxymorphone HCL ER 30 mg #15. Patient is status post bilateral sacroiliac joints 09/29/14, which significantly improved his radicular symptoms. Patient reports being able to walk more at home following the procedure. His current medications include Percocet, Oxymorphone, Metaxalone, Lyrica, Carvedilol and Celebrex. Patient states his pain is decreased and his function is improved with the use of medications. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. UR letter dated 10/27/14 states "the request is modified to #45... guidelines recommend that the total morphine equivalent dosage not exceed 120mg per day." Per treating physician report dated 10/08/14, patient's pain level is rated 5-10/10 and is decreased to 2-5/10 with medications. He states having difficulty tolerating even routine activities of daily living without his medications. Patient denies negative side effects with medication, including sedation, cognitive impairment or constipation. Patient denies aberrant drug behavior and uses his medications as prescribed. Opioid treatment contract was signed. Treating physician is prescribing the lowest dose and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Urine drug screen reports dated 05/01/14 and 06/03/14 have been submitted, and showed results consistent with prescriptions. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Recommendation is that the request is medically necessary.