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| <b>Case Number:</b>   | CM14-0093505 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 01/13/2000 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 05/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2014 |

### 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 & Rehabilitation 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 45 year old male who reported an injury on 01/15/2000. The mechanism of injury was not specified. His diagnoses included degenerative disc disease, lumbar osteoarthritis, and elevated transaminase. His treatment included heat/ice therapy. His diagnostics and surgeries were not provided. On 02/05/2014, the injured worker reported moderate intensity of pain on the lumbosacral spine. His lumbar pain reportedly radiated to his right thigh and he noted some pain relief with rest, hip flexion, and narcotic pain medication. Physical findings included normal muscular strength and lumbar extension was 3 degrees and flexion 90 degrees. His medications included Percocet 10/325mg 3 times daily and Kadian (Morphine Sulfate) 30mg 1 capsule daily. The treatment plan was for Morphine Sulfate Extended Release 30 mg capsule #30 and Oxycodone/APAP 10/325 tablet #90. The rationale for the request was not provided. The request for authorization form was submitted on an unknown date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate ER 30 mg capsule, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, PainACOEM Guidelines Page 116

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**Decision rationale:** As stated in California MTUS Guidelines, opioids for chronic back pain seem to be effective for short-term pain relief, but long term efficacy is unclear and also appears limited. Ongoing use of opioids requires continuous documentation and assessment of pain relief, functional status, appropriate medication use, and side effects. The detailed pain assessment should include the 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. The injured worker complained of lumbar pain that radiated to his right thigh, but he noted relief with rest, hip flexion, and narcotic pain medication. The guidelines indicate that the ongoing use of opioids requires ongoing documentation and assessment of pain relief, functional status, appropriate medication use, and side effects; however, the clinical documentation failed to note if the injured worker had any functional gains with the medication and it was only documented that he experienced some pain relief with narcotic medication. There was a lack of documentation to show that the physician did a detailed pain assessment. Furthermore, it is necessary to monitor appropriate medication use, which includes a recent urine drug screen with results. In addition, the request failed to provide how frequent the medication would be taken. As such, the request for Morphine Sulfate Extended Release 30 mg capsule #30 is not medically necessary.

**Oxycodone/APAP 10/325 tablet, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**Decision rationale:** As stated in California MTUS Guidelines, opioids for chronic back pain seem to be effective for short-term pain relief, but long term efficacy is unclear and also appears limited. Oxycodone is a short acting opioid that is used to control intermittent or breakthrough chronic pain. Ongoing use of opioids requires continuous documentation and assessment of pain relief, functional status, appropriate medication use, and side effects. The detailed pain assessment should include the 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. The injured worker complained of lumbar pain that radiated to his right thigh, but he noted relief with rest, hip flexion, and narcotic pain medication. The guidelines indicate that the ongoing use of opioids requires ongoing documentation and assessment of pain relief, functional status, appropriate medication use, and side effects; however, the clinical documentation failed to note if the injured worker had any functional gains with the medication and it was only documented that he got "some pain relief" with narcotic medication. There was a lack of documentation to show that the physician did a detailed pain assessment. Furthermore, it is necessary to monitor appropriate medication use, which includes a recent urine drug screen with results. In addition, the request failed to provide how frequent the

medication would be taken. As such, the request for Oxycodone/APAP 10/325 tablet #90 is not medically necessary.