

<b>Case Number:</b>	CM14-0212305		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male with an injury date of 08/31/09. Based on the 11/05/14 progress report provided by treating physician, the patient complains of severe lower back pain which radiates into the right lower extremity and weakness in the right lower extremity rated 7/10 with medications and 10/10 without. Patient is status post lumbar L5-S1 ESI on 03/21/13 and again on 11/21/13 with results lasting approximately 5 months. Patient is also status post L3-L5 posterior interbody fusion on 05/19/10. Physical examination dated 11/05/14 revealed moderate tenderness to the lumbar paraspinal muscles and decreased lumbar lordosis. Positive straight leg test on the right at 45 degrees was noted, as well as hypesthesia of the L5-S1 dermatome. The patient is currently prescribed Tramadol, Vicodin, and Oxycodone for breakthrough pain. Diagnostic studies included EMG conducted 08/29/14, noting "Evidence of neurogenic units in most of the muscles that were tested below the knees, as well as the bilateral medial and lateral gastrocnemius muscles, there was also evidence of neurologic units in the left lower lumbar region with absent sensory responses." Present work status is not discussed in the reports provided. Diagnosis 11/05/14- Severe persistent low back and right lower extremity pain- Status post L3 through L5 posterior interbody fusion with instrumentation on May 19, 2010.- Right neuroforaminal stenosis moderate at L4-L5 and L5-S1 per CT of lumbar spine performed on November 12, 2013. - Bilateral L5-S1 radiculopathy per EMG/NCV on July 19, 2011- OsteoporosisThe utilization review determination being challenged is dated 11/19/14The rationale follows:1) Vicodin: "Guidelines do not recommend long-term treatment with opioids and the patient has utilized this medication since July of 2012. Despite ongoing treatment with

Vicodin, the provided records fail to demonstrate quantitative improvement in ability..."2) Oxycodone: "Provided records do not demonstrate quantitative functional improvement or pain relief that can be attributed to opioid use." 3) Tramadol: "Previous documentation clearly indicates that the patient had a lack of benefit with Tramadol. Furthermore, there have not been adequate improvements in pain rating or functional status with use." Treatment reports were provided from 04/08/14 to 11/05/14.

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

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

**Vicodin ES 7.5/300mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89; 76-78.

**Decision rationale:** The patient presents with severe lower back pain which radiates into the right lower extremity and weakness in the right lower extremity rated 7/10 with medications and 10/10 without. Patient is status post lumbar L5-S1 ESI on 03/21/13 and again on 11/21/13 with results lasting approximately 5 months. Patient is also status post L3-L5 posterior interbody fusion on 05/19/10. The request is for Vicodin ES 75/300mg #60. Physical examination dated 11/05/14 revealed moderate tenderness to the lumbar paraspinal muscles and decreased lumbar lordosis. Positive straight leg test on the right at 45 degrees was noted, as well as hypesthesia of the L5-S1 dermatome. The patient is currently prescribed Tramadol, Vicodin, and Oxycodone for breakthrough pain. Diagnostic studies included EMG conducted 08/29/14. 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. In regards to the request for Vicodin prescribed for this patient's intractable chronic pain, the progress notes dated 11/05/14 do provide specific examples of functional and ADL improvement: noting that with medications the patient can help with chores around the house and take short walks, in addition to specific quantitative measures of pain reduction owing to medications. It is worth noting that previous denials were based on a 10/28/14 progress report discusses urine screen dated 09/19/14 in which there were findings inconsistent with patient's prescribed medications, most significantly the presence of Methadone, which the patient denies taking. The physician notes that he feels that there is a possibility that this is a mistake, and the test is apparently an immunoassay screen without chromatograph confirmation so there's a possibility that this is the case. Therefore, in light of specific documented function and pain improvements, and physician intent to monitor the patient more closely in the future. it appears this is a reasonable therapy. This request is medically necessary.

**Oxycodone IR 10mg, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

**Decision rationale:** The patient presents with severe lower back pain which radiates into the right lower extremity and weakness in the right lower extremity rated 7/10 with medications and 10/10 without. Patient is status post lumbar L5-S1 ESI on 03/21/13 and again on 11/21/13 with results lasting approximately 5 months. Patient is also status post L3-L5 posterior interbody fusion on 05/19/10. The request is for Oxycodone IR 10mg #30. Physical examination dated 11/05/14 Revealed moderate tenderness to the lumbar paraspinal muscles and decreased lumbar lordosis. Positive straight leg test on the right at 45 degrees was noted, as well as hypesthesia of the L5-S1 dermatome. The patient is currently prescribed Tramadol, Vicodin, and Oxycodone for breakthrough pain. Diagnostic studies included EMG conducted 08/29/14. 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. In regards to the request for Oxycodone prescribed for this patient's breakthrough pain, the progress notes dated 11/05/14 do provide specific examples of functional and ADL improvement: noting that with medications the patient can help with chores around the house and take short walks, in addition to specific quantitative measures of pain reduction owing to medications. It is worth noting that previous denials were based on a 10/28/14 progress report discusses urine screen dated 09/19/14 in which there were findings inconsistent with patient's prescribed medications, most significantly the presence of Methadone, which the patient denies taking. The physician notes that he feels that there is a possibility that this is a mistake, and the test is apparently an immunoassay screen without chromatograph confirmation so there's a possibility that this is the case. Therefore, in light of specific documented function and pain improvements, and physician intent to monitor the patient more closely in the future. It appears this is a reasonable therapy. This request is medically necessary.

**Tramadol 50mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

**Decision rationale:** The patient presents with severe lower back pain which radiates into the right lower extremity and weakness in the right lower extremity rated 7/10 with medications and 10/10 without. Patient is status post lumbar L5-S1 ESI on 03/21/13 and again on 11/21/13 with results lasting approximately 5 months. Patient is also status post L3-L5 posterior interbody

fusion on 05/19/10. The request is for Tramadol 50mg #60. Physical examination dated 11/05/14 Revealed moderate tenderness to the lumbar paraspinal muscles and decreased lumbar lordosis. Positive straight leg test on the right at 45 degrees was noted, as well as hypesthesia of the L5-S1 dermatome. The patient is currently prescribed Tramadol, Vicodin, and Oxycodone for breakthrough pain. Diagnostic studies included EMG conducted 08/29/14. 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. In regards to the request for Tramadol prescribed for this patient's intractable chronic pain, the progress notes dated 11/05/14 do provide specific examples of functional and ADL improvement, as well as specific quantitative measures of pain reduction owing to medications. However, Tramadol possesses a weaker affinity and mechanism of action than Oxycodone or Hydrocodone, so its effects are largely overwhelmed in their presence. Therefore, this request is not medically necessary.