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| <b>Case Number:</b>   | CM14-0215875 |                              |            |
| <b>Date Assigned:</b> | 01/05/2015   | <b>Date of Injury:</b>       | 06/27/2000 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 12/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female who sustained a work related injury on 6/27/2000. The mechanism of injury has not been provided with the clinical documentation submitted. Per the Primary Treating Physician's Progress Report dated 11/20/2014 the injured worker reported neck and low back pain rated as a 10 out of 10. Magnetic resonance imaging (MRI) performed on 5/04/2014 was read by the evaluating provider as revealing right C-6 nerve impingement, cervical spinal stenosis, and lumbar left nerve compression at L4/5. Objective physical examination revealed positive right straight leg raise. Diagnoses included degenerative disc disease of the cervical and lumbar spine. There are co-existing diagnoses of depression, anxiety and insomnia. The plan of care included a surgical consultation, continuation of home exercise program and pain medications. In addition to the opioids, the patient is utilizing Trazodone, Pristiq and Xanax for psychosomatic disorders. There are no documentation of completed psychiatric evaluation of cognitive behavioral treatment. The UDS was reported to be consistent on 11/18/2014 but the completed report was not available for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**50 Oxycontin 30mg 2 BID #120 for 2 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): 42-3,74-96,124. Decision based on Non-MTUS Citation Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, sedation and adverse interaction with sedatives and psychiatric medications. The presence of psychiatric disorder and the utilization of multiple sedative psychiatric medications are associated with increased opioid induced adverse effects. The guidelines recommend documentation of compliance monitoring including serial UDS, aberrant behavior, adverse effects and functional restorations during chronic opioid treatment. The records indicate that the patient have utilized multiple high dose opioid medications as well as sedative psychiatric medications for prolonged periods. There is no documentation of evaluation or treatment of the co-existing psychiatric disorders. There is no detailed documentation of the guidelines required compliance monitoring measures. The objective findings is not consistent with a diagnosis of exacerbation of severe pain indicating a possible hyperalgesic state. The criteria for the use of OxyContin 50 30mg BID #120 for 2 months was not met. The guidelines recommend that patients on high dose opioids with significant psychosomatic disorders be referred to Pain Programs or Addiction Centers for safe weaning.

**Oxycontin 40mg 1 BID #60 for 2 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): 42-43,74-96,124. Decision based on Non-MTUS Citation Pain Chapter. Mental Illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, sedation and adverse interaction with sedatives and psychiatric medications. The presence of psychiatric disorder and the utilization of multiple sedative psychiatric medications are associated with increased opioid induced adverse effects. The guidelines recommend documentation of compliance monitoring including serial UDS, aberrant behavior, adverse effects and functional restorations during chronic opioid treatment. The

records indicate that the patient have utilized multiple high dose opioid medications as well as sedative psychiatric medications for prolonged periods. There is no documentation of evaluation or treatment of the co-existing psychiatric disorders. There is no detailed documentation of the guidelines required compliance monitoring measures. The objective findings is not consistent with a diagnoses of exacerbation of severe pain indicating a possible hyperalgesic state. The criteria for the use of OxyContin 40 BID # 60 for 2 months was not met. The guidelines recommend that patients on high dose opioids with significant psychosomatic disorders be referred to pain.

**Oxycontin 30mg 3 BID #280, number of refills not specified for neck and low back pain:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter. Mental illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, sedation and adverse interaction with sedatives and psychiatric medications. The presence of psychiatric disorder and the utilization of multiple sedative psychiatric medications are associated with increased opioid induced adverse effects. The guidelines recommend documentation of compliance monitoring including serial UDS, aberrant behavior, adverse effects and functional restorations during chronic opioid treatment. The records indicate that the patient have utilized multiple high dose opioid medications as well as sedative psychiatric medications for prolonged periods. There is no documentation of evaluation or treatment of the co-existing psychiatric disorders. There is no detailed documentation of the guidelines required compliance monitoring measures. The objective findings is not consistent with a diagnoses of exacerbation of severe pain indicating a possible hyperalgesic state. The criteria for the use of OxyContin 50 30mg BID #120 for 2 months was not met. The guidelines recommend that patients on high dose opioids with significant psychosomatic disorders be referred to Pain.

**Norco 10/325 2 QID prn BTP #240, number of refills not specified, for neck and low back pain:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43,74-96,124. Decision based on Non-MTUS Citation Pain Chapter. Mental Illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation, sedation and adverse interaction with sedatives and psychiatric medications. The presence of psychiatric disorder and the utilization of multiple sedative psychiatric medications are associated with increased opioid induced adverse effects. The guidelines recommend documentation of compliance monitoring including serial UDS, aberrant behavior, adverse effects and functional restorations during chronic opioid treatment. The records indicate that the patient have utilized multiple high dose opioid medications as well as sedative psychiatric medications for prolonged periods. There is no documentation of evaluation or treatment of the co-existing psychiatric disorders. There is no detailed documentation of the guidelines required compliance monitoring measures. The objective findings is not consistent with a diagnoses of exacerbation of severe pain indicating a possible hyperalgesic state. The criteria for the use of Norco 10/325mg 2 QID # 240 was not met. The guidelines recommend that patients on high dose opioids with significant psychosomatic disorders be referred to Pain Programs or Addiction Centers for safe weaning.