

<b>Case Number:</b>	CM14-0216520		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/03/2002
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 62 year old male was injured 6/3/02. The mechanism of injury was not available but the injured worker was complaining of low back pain that was stable. He has a past history of instrumented lumbar spine fusion. His medications include Vicodin, oxycontin, Zoloft, Cymbalta, Ambien and Naprosyn. Naprosyn has decreased pain. Per documentation he has pool treatments (no elaboration on this).His diagnoses include low back pain, "failed back syndrome" and depression. Back pain increased when he was on vacation in Europe due to prolonged sitting and mobility with wheelchair. On 8/22/14 the injured worker reports re-injuring his back after falling onto an "iron thing" resulting in shooting sensation in arms and legs, inability to eat or sleep and increased Vicodin. After this re-injury he received Toradol injection that resolved pain. Computed tomography of the lumbar spine (9/21/09) and lumbar spine radiographs (5/4/11) were documented but no results available. On 10/28/14 he underwent MRI lumbar spine without contrast demonstrated a solid fusion with instrumentation at L4-S1 level with no evidence of complication related to the procedure. There was no evidence of postlaminectomy arachnoiditis or exuberant granulation tissue seen. No motion is seen across L3-4 disc space where there is central fusion with the fusion block and posterior interspinous hardware maintaining alignment. Pain medications keep him from being miserable per documentation 11/21/14. There is no documentation of any conservative treatments used besides pain medication. There is no work status documented or reference to functional improvement due to opioid use. On 12/2/14 Utilization Review (UR) non-certified the requests for Oxycontin 60 mg # 180 and Norco 5/325

mg #360 based on lack of documentation of functional benefit derived from opioid use and return to work status is not documented. The guideline referenced was MTUS Chronic Pain.

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

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

**Oxycontin 60 mg # 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Oxycontin is a long-acting preparation of the opioid medication, oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been using opioid medication since at least March 2014 and had not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.

**Norco 5/325 mg # 360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver

failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been using opioid medication since at least March 2014 and had not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.