

<b>Case Number:</b>	CM14-0217881		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

This 50 year old male reportedly sustained an undisclosed work related injury on May 1, 2001. Diagnoses include knee joint pain and pain in joint of unspecified site. Lab results collected October 23, 2014 is positive for Neurontin, Oxycodone, Oxycontin and marijuana. No other diagnostic tests were provided. Utilization review documents the injured worker to have continued low back pain controlled to 2/10 with medication and 7/10 without medication. The injured worker also experienced an overall more positive and balanced state of well being with use of medication. Exam dated October 6, 2014 noted mild clicking of the right knee with tenderness and instructions to taper use of Oxycontin to one every 12 hours. Primary treating physician visit dated December 31, 2014 provides the injured worker's low back pain remains 2/10 with medication and 7/10 without medication. He reports increases function with medication including the ability to perform cleaning, shopping and cooking as well as increased emotional stability. Medications were adjusted to Colace 100 mg, Senna 8.6 mg, Oxycontin 20 mg, and Oxycodone HCL 15 mg. On December 18, 2014 utilization review modified a request dated December 15, 2014 for Oxycodone HCL 15 mg #180 and Oxycontin 20 mg #90 and denied a request for Neurontin 300 mg #90 with 3 refills. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were cited in the determination. Application for independent medical review (IMR) is dated December 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Oxycodone HCl 15mg #180: 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): 76-78,88-89.

**Decision rationale:** The 12/18/14 Utilization Review letter indicates the 12/15/14 medical report was reviewed, and determined that 1 prescription of Oxycodone HCl 15mg, #180 was necessary, but modified to allow #128 tablets so that it does not exceed 120 morphine equivalent dose. The 12/15/14 medical report was not provided for review, but according to the 12/31/14 pain management report, the patient presents with back pain. The medications continue to reduce his pain with minimal side effects. With the reduce pain levels, the patient reports improved function. He is able to do more in and outside his home, such as household ADLs, cooking, cleaning, shopping with increased endurance and tolerance. He is able to fall asleep better and stays asleep through the night and awakens the next day feeling better rested. His pain with medication is 2/10, without medication is 7/10. The physician provided an functional assessment with the Oswestry Disability Index. The pain management physician states he will discuss weaning with the patient on the next visit and the 120 MED guideline. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for 'Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]' provides the criteria 'Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' The 12/15/14 medical report discusses functional improvement with use of Oxycodone 15mg, using a VAS and Oswestry Disability Index. The physician states he will attempt to wean the patient to the 120 MED. MTUS states generally the opioid dose should not exceed 120 MED, but in rare occasions, and after pain management consultation, it may be increased above 120 MED. The records indicate that the prescribing physician is the pain management physician. The use of Oxycodone HCL as prescribed appears to be in accordance with MTUS guidelines. The request for 1 prescription of Oxycodone HCl 15mg, #180, IS medically necessary.

**(1) Prescription of Oxycontin 20mg #90: 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): 76-78,88-89.

**Decision rationale:** The 12/18/14 Utilization Review letter indicates the 12/15/14 medical report was reviewed, and determined that 1 prescription of OxyContin 20mg, #90 was necessary, but modified to allow #60 tablets so that it corresponds to the provider's recommendation of 1 tablet every 12 hours. The 12/15/14 medical report was not provided for review, but according to the 12/31/14 pain management report, the patient presents with back pain. The medications continue to reduce his pain with minimal side effects. With the reduce pain levels, the patient reports improved function. He is able to do more in and outside his home, such as household ADLs, cooking, cleaning, shopping with increased endurance and tolerance. He is able to fall asleep better and stays asleep through the night and awakens the next day feeling better rested. His pain with medication is 2/10, without medication is 7/10. The physician provided an functional assessment with the Oswestry Disability Index. The pain management physician states he will discuss weaning with the patient on the next visit and the 120 MED guideline. The report states that the patient was prescribed OxyContin 20mg, every 8 hours. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for 'Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]' provides the criteria 'Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' The 12/15/14 medical report discusses functional improvement with use of Oxycodone 15mg, using a VAS and Oswestry Disability Index. The physician states he will attempt to wean the patient to the 120 MED. MTUS states generally the opioid dose should not exceed 120 MED, but in rare occasions, and after pain management consultation, it may be increased above 120 MED. The records indicate that the prescribing physician is the pain management physician. The use of OxyContin as prescribed appears to be in accordance with MTUS guidelines. The request for 1 prescription of 1 prescription of OxyContin 20mg, #90, IS medically necessary.

**(1) Prescription of Neurontin 300mg #90 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-20.

**Decision rationale:** The 12/18/14 Utilization Review letter indicates the 12/15/14 medical report was reviewed, and determined that 1 prescription of Neurontin 300mg, #90 with 3 refills was not necessary because it was denied by the prior utilization reviewer. The 12/15/14 medical report was not provided for review, but according to the 12/31/14 pain management report, the patient presents with back pain. The medications continue to reduce his pain with minimal side effects. With the reduce pain levels, the patient reports improved function. He is able to do more in and outside his home, such as household ADLs, cooking, cleaning, shopping with increased endurance and tolerance. He is able to fall asleep better and stays asleep through the night and awakens the next day feeling better rested. His pain with medication is 2/10, without medication is 7/10. The physician provided an functional assessment with the Oswestry Disability Index.

MTUS Chronic Pain Medical Treatment Guidelines, pages 18-19 under SPECIFIC ANTI-EPILEPSY DRUGS for Neurontin states: 'Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.' MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs Antiepilepsy drugs (AEDs) Outcome states: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The patient is using gabapentin, and shows pain reduction from 7/10 to 2/10. This is over 50% relief, and considered a good response per MTUS guidelines. The continued use of gabapentin is in accordance with MTUS guidelines. The request for 1 prescription of Neurontin 300mg, #90 with 3 refills IS medically necessary.