

<b>Case Number:</b>	CM15-0118994		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/02/1997
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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

Certification(s)/Specialty: Anesthesiology

### 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 63-year-old female who sustained an industrial injury on 01/02/1997. Current diagnoses include chronic low back pain, lumbar radiculopathy, hip pain, and upper extremity pain. Previous treatments included medications; no other prior treatments were included. Previous diagnostic studies were not included. Initial injuries were not included. Report dated 04/09/2015 noted that the injured worker presented with complaints that included lower back and hip pain with pain radiating to the legs, and bilateral arm pain. Pain level was 8 (least back pain), 10 (most back pain) out of 10 on a visual analog scale (VAS). The physician noted that the injured worker tolerates her opiate program well including Percocet and OxyContin, and there is no indication of abuse or misuse. Physical examination was positive for limited cervical spine motion and slightly painful at the extremities, thoracolumbar spine movement is very limited and painful, slight tightness and tenderness in the neck and upper back, and tightness and tenderness in the mid-back and lower back. The treatment plan included starting duloxetine HCL, changed Norco to hydrocodone-acetaminophen, renew ibuprofen, Lyrica, and OxyContin ER, and follow up in 3 months or sooner if necessary. Disputed treatments include OxyContin and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS/Oxycontin tab 80mg CR day supply: 30 Qty: 90 refills: 00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-oxycodone (Oxycontin) Page(s): 74-96.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Of note, discontinuation of an oxycodone (Oxycontin) should include a taper, to avoid withdrawal symptoms. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medications. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Therefore, the request for Oxycontin is not medically necessary.

**Norco tab 10-325mg day supply: 20 Qty: 240 refills: 00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 90, 110.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Hydrocodone/Acetaminophen Page(s): 74-96.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medications. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. Therefore, the request for Norco is not medically necessary.