

<b>Case Number:</b>	CM15-0125652		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/19/1978
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Pediatrics, Internal 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:

The injured worker is a 69 year old male, who sustained an industrial injury on 12-19-1978. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar disc displacement, lumbosacral spondylosis, opioid dependence, post-laminectomy syndrome of the lumbar spine and lumbar radiculitis. Treatment to date has included medication, chiropractic therapy, Toradol injection and surgery. The injured worker was prescribed OxyContin since at least 11-18-2014. At that time the prescribed dose was 40 mg by mouth three times a day and Percocet for break through pain. A 01-13-2015 progress note indicated that the injured worker increased OxyContin on some days by taking old doses that he had. During this visit the physician changed break through pain medication from Percocet to Vicodin. In a 02-10-2015 progress note the physician added 20 mg OxyContin one tablet twice a day in addition to the 40 mg OxyContin three times a day. In a 03-10-2015 progress note the physician noted that the injured worker was having difficulty with sustained relief from OxyContin and that he would be provided with one more 20 mg a day where he can take 20's in the morning with the 40 and then 1 mid-day and 1 at night. In a progress note dated 06-02-2015, the injured worker complained of low back pain radiating down the left leg. The severity of pain was not rated but was noted to moderately limit activities. Objective findings were notable for tenderness of the lumbar spine, tenderness at the facet joint, decreased flexion, decreased extension, decreased lateral bending, decreased rotation, agitation, restlessness and an ataxic rhythm. The physician noted that the injured worker had not been taking OxyContin as consistently with the different doses. A retrospective request for authorization of OxyContin 60 mg #90, 30 day supply (fill date: 06-02-2015) and OxyContin 10 mg #120, 30 day supply (fill date: 06-02-2015) was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Oxycontin 60mg, #90, 30 day supply (Fill Date: 06/02/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, OxyContin (Oxycodone).

**Decision rationale:** According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. They are considered the most powerful class of analgesics According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, documentation shows that OxyContin had not provided significant pain relief, necessitating an increased dosage of OxyContin twice in the past few months. The most current visit notes do not document a pain rating, the least amount of pain, average pain and intensity of pain after taking the opiate. There was no evidence of objective functional improvement with use of the medication as there was no change in work status documented and no documentation of an improvement in the performance of activities of daily living. There were also a couple of instances of inconsistent drug use reported. During the 01-13-2015 visit the physician noted that the injured worker had taking doses of OxyContin that was in excess of what was prescribed. In the most recent visit note the physician again noted that the injured worker hadn't been taking the medication as consistently at different doses. The injured worker also had diagnoses of depression and potential suicidal ideation and the agreed medical examiner expressed concern given these facts and the lack of effectiveness of opioid medication. In addition, as per MTUS the morphine equivalent dose per day should not exceed 120 mg per day. The injured worker's OxyContin dosage greatly exceeds this recommendation. Medical necessity of the requested item has not been established. Of note, discontinuation of an OxyContin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Retrospective Oxycontin 10mg, #120, 30 day supply (Fill Date: 06/02/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, OxyContin (Oxycodone).

**Decision rationale:** According to ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. They are considered the most powerful class of analgesics According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both

acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, documentation shows that OxyContin had not provided significant pain relief, necessitating an increased dosage of OxyContin twice in the past few months. The most current visit notes do not document a pain rating, the least amount of pain, average pain and intensity of pain after taking the opiate. There was no evidence of objective functional improvement with use of the medication as there was no change in work status documented and no documentation of an improvement in the performance of activities of daily living. There were also a couple of instances of inconsistent drug use reported. During the 01-13-2015 visit the physician noted that the injured worker had taking doses of OxyContin that was in excess of what was prescribed. In the most recent visit note the physician again noted that the injured worker hadn't been taking the medication as consistently at different doses. The injured worker also had diagnoses of depression and potential suicidal ideation and the agreed medical examiner expressed concern given these facts and the lack of effectiveness of opioid medication. In addition, as per MTUS the morphine equivalent dose per day should not exceed 120 mg per day. The injured worker's OxyContin dosage greatly exceeds this recommendation. Medical necessity of the requested item has not been established. Of note, discontinuation of an OxyContin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.