

<b>Case Number:</b>	CM15-0125912		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/29/1992
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 60 year old male, who sustained an industrial injury on 5/29/92. The injured worker was diagnosed as having failed neck surgery syndrome, cervical degenerative disc disease, cervical radiculopathy, cervical myofascial pain syndrome, obesity, depressive disorder, occipital neuralgia and chronic pain. Treatment to date has included oral medications including cervical surgery, OxyContin 80mg, Roxicodone 30mg, clonazepam 0.5mg, Morphine Sulfate in intrathecal pump, Prozac 20mg, Wellbutrin 150mg, Senokot 8.6mg, zanaflex 4mg and zantac, physical therapy and home exercise program. Currently on 5/26/15, the injured worker complains of neck/arm pain described as sharp, electrical/shooting and burning and rated 3/10- 8/10, unchanged from previous visit. Injured worker notes his brother in law was killed in a MVA recently. Physical exam performed on 5/26/15 revealed restricted cervical and lumbar range of motion due to pain. A request for authorization was submitted for toxicology screen, OxyContin 80mg and Roxicodone 30mg on 6/2/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tox Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Procedures for Transportation Workplace Drug and Alcohol Testing (<http://www.dot.gov/odapc/part40>); Medical Review Officer's Manual, Swotinsky and Smith, 4th Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Urine Drug Screen.

**Decision rationale:** ODG recommends Urine Drug Testing (UDT) as a tool to monitor compliance with prescribed substances. UDT should be used with clinical information to continue, adjust or discontinue treatment. UDT's are based on risk stratification which includes low risk, moderate risk and high risk. UDT's are recommended at the initiation of treatment and patients at low risk should be tested within the first 6 months and yearly afterward. In this case, a UDT had been performed on 4/29/15 and OxyContin and Roxicodone are no longer approved. Therefore, the request for urine Drug Screen is not medically necessary.

**Oxycontin 80mg #168:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

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

**Decision rationale:** According to CA MTUS, 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. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. 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, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. A urine drug screen was performed on 4/19/15 and work status has not been documented. Medical necessity of the requested item has not been established. The injured worker has utilized OxyContin since at least December of 2014. Furthermore, the injured worker is on a high MED dose with combined usage of Roxicodone, OxyContin and Morphine intrathecal pump. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The request for OxyContin is not medically necessary.

**Roxicodone 30mg #112:** Upheld

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

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

**Decision rationale:** According to CA MTUS, Roxicodone (oxycodone) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to

pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. 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, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. A urine drug screen was performed on 4/29/15 and work status was not documented. The injured worker has utilized Roxicodone since at least December of 2014. Furthermore, the injured worker is on a high MED dose with combined usage of Roxicodone, OxyContin and Morphine intrathecal pump. Of note, discontinuation of Roxicodone should include a taper, to avoid withdrawal symptoms. The request for Roxicodone is not medically necessary.