

<b>Case Number:</b>	CM15-0160437		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, California  
 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 09-02-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for degenerative disc disease of the lumbar spine, lumbar and sacral radiculopathy, left shoulder pain, cervical radiculopathy, thoracic or lumbosacral radiculitis, and joint pain. Medical records (01-02-2014 to 06-10-2014) indicate ongoing and worsening neck pain, mid back pain, bilateral knee pain, and low back pain with radiating pain into the right lower extremity. Records also indicate no changes in activities of daily living or quality of life. Per the primary treating physician's progress report (PR), the IW has not returned to work as she is permanently disabled. The physical exams, dated 04-23-2014 and 06-10-2014, revealed no changes in the physical exam findings which included mild to moderately impaired range of motion (ROM) in the lumbar spine due to pain, unable to heel-to-toe walk, moderately limited ROM in the bilateral knees, moderately impaired ROM in the cervical spine due to severe pain, and tenderness to palpation of the cervical paraspinal musculature and the trapezius. Relevant treatments have included lumbar medial branch block (03-03-2014) with a 75% reduction in pain; physical therapy (PT), work restrictions, and pain medications (OxyContin and oxycodone since 2011, and Percocet since at least 2012). The treating physician indicates that a MRI of the cervical spine (06-2011) showed reversal of the normal curvature, mild to moderate narrowing at C4-5 with mild spondylosis, minimal disc bulging at C4-7, and disc osteophyte with mild neural foraminal stenosis; MRI of the lumbar spine (06-2011) showing mild disc bulge at L4-5, and mild disc bulge at L5-S1 with a small annular tear; MRI of the thoracic spine (2014) showing no

abnormalities within the thoracic structure; and a MRI of the lumbar spine (2014) showing status-post an anterior and posterior lumbar interbody fusion from L4-S1 with evidence of hardware failure or impingement. The PR (05-07-2014) also noted that the IW's recent drug screen had been inconsistent with prescribed medications with the addition of Soma for which the IW reported taking some of her husband's medication. The request for authorization (06-10-2015) shows that the following medications were requested: retrospective OxyContin 60mg #120 (DOS 06-10-2014); oxycodone 15mg #240 (DOS 06-10-2014); retrospective Percocet 10-325mg (DOS 06-10-2014); and Zanaflex 6mg #90 with 3 refills (DOS 06-10-2014). The original utilization review (07-16-2015) denied the retrospective request for OxyContin 60mg #120, oxycodone 15mg #240 and Percocet 10-325mg #120 based on the lack of significant subjective, objective or functional improvement, and because these dosages exceed the daily morphine equivalent dose.

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

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

**Retro: 120 Oxycontin 60mg DOS 6/10/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain, these recommendations state that 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. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for Oxycontin 60mg tablets is not medically necessary.

**Retro: 240 Oxycodone 15mg DOS 6/10/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain, these recommendations state that 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. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for Oxycodone tablets is not medically necessary.

**Retro: 120 Percocet 10/325mg DOS 6/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain, these recommendations state that 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. The included documentation fails to include the above recommended documentation. Office visits repeated document "moderate relief" with use of medications. This is not a quantifiable measurement of improvement. There is not documentation to support improvement link to specific medications. The IW is on several medications intended to mitigate pain. The IW has been on oxycodone, both long and short acting formulates, as well as percocet and at times dilaudid. There is no documentation of increased activities, functional status or return to work functions. There has been no effort to decrease the use of these medications prescribed over a minimum of 10 month period. In addition, the request does not include dosing frequency or duration. Without the supporting documentation, the retrospective request for percocet tablets is not medically necessary.

**Retro: 90 Zanaflex 6mg with three refills DOS 6/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." With respect to Zanaflex, guideline state "is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." Documentation supports ongoing prescribing of zanaflex. There is not documentation to support the IW's response to use of zanaflex. As noted, the guidelines recommend against use for chronic pain. The request includes 3 refills. This does not support ongoing monitoring and reassessment of function. This suggests chronic use which is not supported by the guidelines. Documentation does not support a new or acute exacerbation of injury. The request is not medically necessary.