

<b>Case Number:</b>	CM15-0160606		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	07/17/2015
<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

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 49 year old female, who sustained an industrial injury on 9-2-2011. The injured worker was diagnosed lumbar-sacral radiculopathy, lumbar degenerative disc disease, limb pain, left shoulder pain, cervical radiculopathy, and thoracic pain and muscle spasms. The request for authorization is for: 120 Oxycontin 60mg, 240 Oxycodone 15mg, one lumbar hardware block, and one follow up visit; 18 Oxycontin 80mg, 36 Oxycodone 30mg, and 48 Opana 5mg. The UR dated 7-16-2015: non-certified 120 Oxycontin 60mg, 240 Oxycodone 15mg, and certified one lumbar hardware block and one follow up visit; non-certified 18 Oxycontin 80mg, 36 Oxycodone 30mg, and 48 Opana 5mg. On 6-9-2015, she reported neck pain with muscle spasms, and mid back pain with muscle spasms. On 7-8-2015, she reported neck pain with no new changes. She reported not starting physical therapy yet due to family issues. She also reported having spasms in the neck. She indicated TENS unit to be helping and is using it daily. She indicated that her current regimen was giving her "modest relief and allowing improved activity levels most days". Physical examination revealed well-healed lumbar incisions, limited lumbar range of motion and tenderness to the area, decreased neck range of motion and muscle spasms are noted. The records indicate urine drug screening and CURES reports; however there is no documentation of a clear discussion of her pain level, rating of current pain level, rating of average pain level, no indication of aberrant behaviors assessed, and no indication of adverse side effects. The treatment and diagnostic testing to date has included: urine drug screen (8-6-2014, 11-24-2014, 2-20156-9-2015), CURES (2-2015, 11-10-2014, 6- 2015), medications, 3 cervical epidural steroid injections, lumbar fusion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: 18 Oxycontin 80mg DOS 6/4/14: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the MTUS and ODG, OxyContin is the brand name of a time-release formula of the analgesic chemical Oxycodone. Oxycodone controlled-release (OxyContin) is a long-acting opioid analgesic. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. There was no documentation of significant pain relief or increased function from the opioids used to date. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

**Retro: 36 Oxycodone 30mg DOS 6/4/14: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG and MTUS, Oxycodone (Oxy-IR, immediate-release) is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. 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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was 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 opioid analgesic was not established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested Oxycodone was not medically necessary.

**Retro: 48 Opana 5mg DOS 6/4/14: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, Opana (Oxymorphone) is a semi-synthetic opioid analgesic which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Oxymorphone is recommended as second-line therapy for long-acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, there was no evidence of objective functional improvement supporting the subjective findings stated. There was no documentation of this medication's analgesic effectiveness and no clear documentation that the patient responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Retro: 120 Oxycontin 60MG DOS 7/7/14: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the MTUS and ODG, OxyContin is the brand name of a time-release formula of the analgesic chemical Oxycodone. Oxycodone controlled-release (OxyContin) is a long-acting opioid analgesic. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. There was no documentation of significant pain relief or increased function from the opioids used to date. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

**Retro: 240 Oxycodone 15MG DOS 7/7/14: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG and MTUS, Oxycodone (Oxy-IR, immediate-release) is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. 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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was 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 opioid analgesic was not established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested Oxycodone was not medically necessary.