

<b>Case Number:</b>	CM15-0171007		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/30/1987
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old male who sustained a work related injury March 30, 1987. Past history included (2) laminectomies, (2) fusions, and status post pelvic fusion. Diagnoses are chronic pain; failed back syndrome; lumbago. According to a physician's progress report, dated July 28, 2015, the injured worker presented for follow-up, re-evaluation and medication refill. The injured worker complains of back pain rated as moderate. He reports increased nighttime pain is disrupting sleep. He also reported he fell a few months ago and landed on his left buttock. Without medication, his activities of daily living are limited; using tongs for self-cleaning and to put on socks. Current medication included Norco and Oxycontin. He reports Norco helps him throughout the day and Oxycontin helped him in reducing the amount of Norco taken daily. Physical examination revealed; gait antalgic; sensation to light touch in extremities intact; cervical range of motion within normal limits; thoracic spine normal range of motion; lumbosacral spine-tenderness to palpation bilateral paraspinal, range of motion pain with lateral flexion, extension, and flexion, straight leg raise and Patrick's are negative. Treatment plan included to continue with hot cold therapy, stretches, pool therapy [REDACTED], and massage. At issue, is the request for authorization, dated August 4, 2015, for Oxycontin 10 mg #60 and Norco 10-325mg # 120. X-ray of the left hip dated April 29, 2015, revealed very mild narrowing of left hip joint space. Small spurs at the greater trochanter of left hip. Unremarkable left sacroiliac joint. Post-operative changes lower lumbar spine, no fracture. Lumbosacral spine series dated April 29, 2015, impression: post-operative changes of the lower thoracic and lumbar spine from T11-S1 with pedicle screws and Harrington rods, status post spinal fusion at multiple levels. No visible acute fracture. There is discontinuity of the left Harrington rod at the L1 level.

There is a left pedicle screw at L4 with no attachment to the left Harrington rod. According to utilization review, dated August 6, 2016, the request for a spinal surgeon evaluation was authorized. The request for Norco 10-325mg #120 was modified to Norco 10-325mg #45 (remaining Norco 10-325mg #75 has been denied). The request for Oxycontin 10mg #60 was denied.

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

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

**Oxycontin 10 mg, #60: 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, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Oxycontin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records submitted for review did not contain any UDS reports. It was noted that CURES was appropriate and that opiate contract was on file. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

**Norco 10/325 mg, #120: 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, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug

related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records submitted for review did not contain any UDS reports. It was noted that CURES was appropriate and that opiate contract was on file. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.