

<b>Case Number:</b>	CM15-0171043		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	08/19/2005
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/18/2015
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female, who sustained an industrial injury on 08-19-2005 resulting in pain or injury to the low back and left leg after falling down some stairs. A review of the medical records indicates that the injured worker is undergoing treatment for diabetes, hypertension, chronic low back pain with radicular symptoms, and depression. Medical records (03-24-2015 to 07-08-2015) indicate ongoing low back pain and left leg pain with a pain rating of 5-8 out of 10 at its least and 10 out of 10 at its worst. The lowest pain levels have been increasing since 03-2015. Pain was described as excruciating, aching, radiating, sore and tight. Records also indicate no changes in activities of daily living or work restrictions. Per the treating physician's progress report, the injured worker has not returned to work. The physical exams, dated 06-07-2015 and 07-08-2015, revealed evidence of depression and mild distress, palpable twitch trigger point response in the lumbar paraspinal musculature, positive straight leg raise on the left at 30°, and painful restricted lumbar flexion and extension. There were no changes from previous exam findings. Relevant treatments have included lumbar laminectomy surgery, trigger point injections, epidural steroid injections, physical therapy, work restrictions, and pain medications (Oxycodone and MS Contin since 03-24-2015). Urine drug screenings were reported to be consistent, and there was reportedly no evidence of "doctor shopping" through pharmacy records. The injured worker reported that her pain medications do not completely alleviate her pain, but do allow her to carry out her ADLs. The treating physician indicates that MRI of the lumbar spine (2014) showing severe disc desiccation at L4-5 and L5-S1 with a 6mm disc bulge at L4-5 with moderate facet arthrosis, post-laminectomy changes resulting in severe left sided and moderate to severe right sided neuroforaminal stenosis, moderate left sided sub-articular recess stenosis, and a 10mm disc bulge with facet arthrosis and post-laminectomy changes resulting in

moderate to severe right sided and severe left sided neuroforaminal stenosis. The request for authorization (08-07-2015) shows that the following medications were requested: Oxycodone 15mg #60 and MS Contin 30mg #90 which were both non-certified. The original utilization review (08-17-2015) denied Oxycodone 15mg #60 and MS Contin 30mg due to the lack of long-term significant and sustainable functional improvement.

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

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

#### **Oxycodone 15mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 67 year old patient complains of pain in the lower back, predominantly on the left side, that radiates down to the left leg along the L5 dermatome, as per progress report dated 08/07/15. The request is for Oxycodone 15mg #60. There is no RFA for this case, and the patient's date of injury is 08/19/05. Diagnoses, as per progress report dated 08/07/15, included lumbar failed back syndrome, radiculopathy and fibromyalgia/myositis. Medications included MS Contin and Oxycodone. The patient is status post lumbar surgery, as per AME report date 11/28/12. The patient is unable to work, as per the progress report dated 08/07/15. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Oxycodone is first noted in progress report dated 03/24/15. It is not clear when this medication was initiated. Prior AME reports also document the use of Percocet and Morphine. As per progress report dated 08/07/15, medications help reduce pain by 50%. The treater states that they regularly track the 4As for efficacy and compliance. In the same report, the treater states "medications allow her to carry her ADL," although she is unable to work. In a medical necessity questionnaire filled out by the patient, dated 09/10/15 (after the UR denial date), she states without Oxycodone the pain is rated 10/10. She states "the pain is so bad that I cry". With medication, the pain is 5/10, and the patient "can have some of a life". The patient also reports that with medication, she can at least go out with friend for lunch. UDS, dated 06/09/15, is consistent. There is no documentation of abuse or hoarding. However, in a prior progress report dated 06/09/15, the treater states "Oxycodone does not work". In the same report, the treater states "stop Oxycodone and increase MS Contin". The impact of Oxycodone on the patient's pain and function is not clear. Additionally, MTUS requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for

continued opioid use. Given the lack of such details, the request is not medically necessary.

**MS Contin 30mg #90: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 67 year old patient complains of pain in the lower back, predominantly on the left side, that radiates down to the left leg along the L5 dermatome, as per progress report dated 08/07/15. The request is for MS Contin 30mg #90. There is no RFA for this case, and the patient's date of injury is 08/19/05. Diagnoses, as per progress report dated 08/07/15, included lumbar failed back syndrome, radiculopathy and fibromyalgia/myositis. Medications included MS Contin and Oxycodone. The patient is status post lumbar surgery, as per AME report date 11/28/12. The patient is unable to work, as per the progress report dated 08/07/15. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for MS Contin is first noted in progress report dated 03/24/15. It is not clear when this medication was initiated. Prior AME reports also document the use of Percocet and Morphine. As per progress report dated 08/07/15, medications help reduce pain by 50%. The treater states that they regularly track the 4As for efficacy and compliance. In the same report, the treater states "medications allow her to carry her ADL," although she is unable to work. In a medical necessity questionnaire filled out by the patient, dated 09/10/15 (after the UR denial date), she states without MS Contin, the pain is at 10/10. She reports "I cannot even walk. I have to lay down with ice just about most of the day". The patient also reports she cannot even move without the medication and would have to go to the hospital. Medications bring down the pain to 5/10. While the pain is still there, she "can move around". In progress report dated 06/09/15, the treater states "MS Contin and walks partially". MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. The reports available for review fail to provide that information. Hence, the request is not medically necessary.