

<b>Case Number:</b>	CM15-0171222		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	11/05/1998
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/21/2015
<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 60 year old female, who sustained an industrial injury on 11-5-1998. The injured worker was diagnosed as having knee joint pain and osteoarthritis. A recent progress report dated 7-31-2015, reported the injured worker complained of bilateral hip and knee pain. The pain was rated 2 out of 10 with medications and 10 out of 10 without medications. She is to be scheduled for a total hip replacement. Physical examination revealed tenderness at bilateral knee joint line with positive McMurray's test. Treatment to date has included Oxycodone, OxyContin and Valium since at least 1-19-2015. On 8-18-2015, the Request for Authorization is requesting Oxycodone 30mg #150 with 1 refill, OxyContin 80mg #90 with 1 refill and Valium 5 mg #30 with 1 refill. On 8-20-2015, the Utilization Review noncertified Oxycodone 30mg #150 with 1 refill due to prior weaning was finalized. The Utilization Review modified OxyContin 80mg #90 with 1 refill to OxyContin 80mg #60. The Utilization Review noncertified Valium 5 mg #30 with 1 refill due to the recommendation for short-term use only and the risk for addiction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Oxycodone 30mg #150 with 1 refill: 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.

**Decision rationale:** Based on the 07/31/15 progress report provided by treating physician, the patient presents with bilateral hip and knee pain rated 2/10 with and 10/10 without medications. The request is for one (1) prescription for Oxycodone 30mg #150 with 1 refill. Patient's diagnosis per Request for Authorization form dated 08/18/15 includes knee pain, osteoarthritis and long prescription medication use NEC. Physical examination to the knees on 07/31/15 revealed tenderness at bilateral knee joint line, decreased range of motion and positive McMurray's test. Treatment to date has included diagnostics and medications. Patient's medications include Oxycodone, Valium, Promethazine, and Lidoderm patches. The patient is permanently disabled, per 07/31/15 report. 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, p 77, 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." Oxycodone has been included in patient's medications, per progress reports dated 01/19/15, 04/06/15, and 06/04/15. Per 07/31/15 report, treater states the patient is able to cook, do laundry, garden, shop, bathe, dress, manage medication drive and brush teeth. Treater continues to state the patient "is to be scheduled for a total hip replacement. Medications are really helping reduce pain." UDS report dated 03/20/15 revealed consistent results. In this case, treater has discussed analgesia and provided some examples of ADL's in addressing the 4A's. While the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. Furthermore, there are no specific discussions regarding aberrant behavior, adverse effects, etc. MTUS requires appropriate discussion of the 4A's. In addition, the patient is also prescribed Oxycontin concurrently. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**One (1) prescription for Oxycontin 80mg #90 with 1 refill:** 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, Medications for chronic pain.

**Decision rationale:** Based on the 07/31/15 progress report provided by treating physician, the patient presents with bilateral hip and knee pain rated 2/10 with and 10/10 without medications. The request is for one (1) prescription for OxyContin 80mg #90 with 1 refill. Patient's diagnosis per Request for Authorization form dated 08/18/15 includes knee pain, osteoarthritis and long prescription medication use NEC. Physical examination to the knees on 07/31/15 revealed tenderness at bilateral knee joint line, decreased range of motion and positive McMurray's test. Treatment to date has included diagnostics and medications. Patient's medications include Oxycodone, Valium, Promethazine, and Lidoderm patches. The patient is permanently disabled, per 07/31/15 report. 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, p 77, 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." Oxycotin has been included in patient's medications, per progress reports dated 01/19/15, 04/06/15, and 06/04/15. Per 07/31/15 report, treater states the patient is able to cook, do laundry, garden, shop, bathe, dress, manage medication drive and brush teeth. Treater continues to state the patient "is to be scheduled for a total hip replacement. Medications are really helping reduce pain." UDS report dated 03/20/15 revealed consistent results. In this case, treater has discussed analgesia and provided some examples of ADL's in addressing the 4A's. While the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. Furthermore, there are no specific discussions regarding aberrant behavior, adverse effects, etc. MTUS requires appropriate discussion of the 4A's. In addition, the patient is also prescribed Oxycodone concurrently. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**One (1) prescription for Valium 5mg #30 with 1 refill:** 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): Benzodiazepines.

**Decision rationale:** Based on the 07/31/15 progress report provided by treating physician, the patient presents with bilateral hip and knee pain rated 2/10 with and 10/10 without medications. The patient also presents with anxiety and depression. The request is for one (1) prescription for Valium 5mg #30 with 1 refill. Patient's diagnosis per Request for Authorization form dated 08/18/15 includes knee pain, osteoarthritis and long prescription medication use NEC. Physical examination to the knees on 07/31/15 revealed tenderness at bilateral knee joint line, decreased range of motion and positive McMurray's test. Treatment to date has included diagnostics and medications. Patient's medications include Oxycodone, Valium, Promethazine, and Lidoderm patches. The patient is permanently disabled, per 07/31/15 report. MTUS, Benzodiazepines Section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Valium has been included in patient's medications, per progress reports dated 01/19/15, 04/06/15, and 07/31/15. MTUS guidelines do not recommend the use of benzodiazepines long-term and limits use to 4 weeks. The patient has been prescribed Valium at least since 01/19/15. The request for additional Valium quantity 30 with 1 refill would exceed guideline recommendation, and does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.