

<b>Case Number:</b>	CM15-0179621		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	11/27/1998
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 53 year old female, who sustained an industrial injury on November 27, 1998, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease, lumbar facet arthropathy and sciatica. In 2000, she underwent lumbar laminectomy and a second lumbar surgery in 2003. Treatment included physical therapy, exercises, aquatic therapy, pain medications, muscle relaxants, neuropathic medications, anti-inflammatory drugs, topical analgesic patches and activity restrictions and modifications. She noted significant relief, up to 50% of her muscle spasms with the use of her tens unit. Currently, the injured worker complained of persistent low back pain radiating to the right leg and right foot. She noted she had low back pain continuously for years since her injury. She rated her pain 4 out of 10 on a pain scale from 1 to 10 with the use of medications. The injured worker complained of fatigue, weakness difficulty walking and difficulty sleeping secondary to chronic pain. The treatment plan that was requested for authorization on September 11, 2015, included prescriptions for Oxycontin 20 mg #60, Oxycontin 30 mg #30 and a prescription for Endocet 5-325mg #30. On August 17, 2015, a request for prescriptions for Oxycontin and Endocet was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 prescription for Oxycontin 20mg #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:** Based on the 07/14/15 progress report provided by treating physician, the patient presents with low back pain with radiation to the right lower extremity to bottom of right foot, rated 4/10 with medications. The patient is status post L4-L5 fusion 2000 and 2003. The request is for 1 PRESCRIPTION FOR OXYCONTIN 20MG #60. RFA dated 08/12/15 provided. Patient's diagnosis on 07/19/15 includes postlaminectomy syndrome, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. The patient has a slow antalgic gait. Physical examination to the lumbar spine revealed surgical scars. Positive facet loading and straight leg raise test on the right. Treatment to date has included surgery, physical therapy, exercises, aquatic therapy, activity restrictions, and medications. Patient's medications include Endocet, Oxycontin, Lyrica and Baclofen. The patient is permanent and stationary, per 06/16/15 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, 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycontin has been included in patient's medications, per progress reports dated 08/29/14, 04/15/15, and 07/14/15. It is not known when this medication was initiated. Per 07/14/15 report, treater states the patient "is currently stable on her current medication regimen, and defers reducing and/or weaning down on her pain medications at this time. She continues to stay active with household chores, ADL's, running errands, etc. with the use of her pain medications." In this case, the patient is prescribed 2 different dosages of Oxycontin and Endocet. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. 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. There are no before and after analgesia; and no UDS's to fully satisfy the required four A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.

**1 prescription for Oxycontin 30mg #30: 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:** Based on the 07/14/15 progress report provided by treating physician, the patient presents with low back pain with radiation to the right lower extremity to bottom of right foot, rated 4/10 with medications. The patient is status post L4-L5 fusion 2000 and 2003. The request is for 1 PRESCRIPTION FOR OXYCONTIN 30MG #30. RFA dated 08/12/15 provided. Patient's diagnosis on 07/19/15 includes postlaminectomy syndrome, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. The patient has a slow antalgic gait. Physical examination to the lumbar spine revealed surgical scars. Positive facet loading and straight leg raise test on the right. Treatment to date has included surgery, physical therapy, exercises, aquatic therapy, activity restrictions, and medications. Patient's medications include Endocet, Oxycontin, Lyrica and Baclofen. The patient is permanent and stationary, per 06/16/15 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, 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycontin has been included in patient's medications, per progress reports dated 08/29/14, 04/15/15, and 07/14/15. It is not known when this medication was initiated. Per 07/14/15 report, treater states the patient "is currently stable on her current medication regimen, and defers reducing and/or weaning down on her pain medications at this time. She continues to stay active with household chores, ADL's, running errands, etc. with the use of her pain medications." In this case, the patient is prescribed 2 different dosages of Oxycontin and Endocet. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. 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. There are no before and after analgesia; and no UDS's to fully satisfy the required four A's. Furthermore, MTUS does

not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.

**1 prescription for Endocet 5-325mg #30:** 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:** Based on the 07/14/15 progress report provided by treating physician, the patient presents with low back pain with radiation to the right lower extremity to bottom of right foot, rated 4/10 with medications. The patient is status post L4-L5 fusion 2000 and 2003. The request is for 1 PRESCRIPTION FOR ENDOCET 5-325MG #30. RFA dated 08/12/15 provided. Patient's diagnosis on 07/19/15 includes postlaminectomy syndrome, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. The patient has a slow antalgic gait. Physical examination to the lumbar spine revealed surgical scars. Positive facet loading and straight leg raise test on the right. Treatment to date has included surgery, physical therapy, exercises, aquatic therapy, activity restrictions, and medications. Patient's medications include Endocet, Oxycontin, Lyrica and Baclofen. The patient is permanent and stationary, per 06/16/15 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, 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Endocet has been included in patient's medications, per progress reports dated 08/29/14, 04/15/15, and 07/14/15. It is not known when this medication was initiated. Per 07/14/15 report, treater states the patient "is currently stable on her current medication regimen, and defers reducing and/or weaning down on her pain medications at this time. She continues to stay active with household chores, ADL's, running errands, etc. with the use of her pain medications." In this case, the patient is also prescribed 2 different dosages of Oxycontin. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. 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. There are no before and after analgesia; and no UDS's to fully satisfy the required four A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.

