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| <b>Case Number:</b>   | CM15-0065389 |                              |            |
| <b>Date Assigned:</b> | 04/13/2015   | <b>Date of Injury:</b>       | 10/01/2007 |
| <b>Decision Date:</b> | 06/23/2015   | <b>UR Denial Date:</b>       | 03/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old male, who sustained an industrial injury on 10/01/2007. He suffered injuries to his neck, hips, back, lower extremities and head as a result of an automobile accident. He was diagnosed with contusion left shoulder, left chest wall and remote history of severe motor vehicle accident. According to a progress report dated 02/25/2015, the injured worker had chronic neck and low back pain in the setting of cervical and lumbar disc degeneration disease with cervical and lumbar radiculopathy, post fusion now with failed back surgery syndrome, failed lumbar spine surgery syndrome, status post T11 to S1 fusion with instrumentation of L2 compression fracture, failed cervical spine surgery syndrome status post C5-6 fusion and T11-12 fusion. The injured worker presented in obvious discomfort. The request for a pain pump trial six months earlier was approved. Scheduling of the pain pump trial had complications and was pending. Current medications included Prilosec, Gabapentin, daily vitamins, Lorazepam, Clearlax, Methadone 10mg 4 four times a day, Oxycodone IR 20mg four times a day, Cialis and Effexor. Medication side effects included opiate induced constipation and memory loss. His condition was severely interfering with work, concentration, mood, sleeping pattern, family relationships and overall functioning. Diagnoses included degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, osteoarthritis of spinal facet, lumbar radiculopathy, degeneration of thoracic intervertebral disc, thoracic radiculopathy and cervical radiculopathy. Treatment plan included conservative treatment measures with heat, ice, rest and gently stretching and exercise, medications as previously prescribed, Androderm, one-month follow up, and pain pump trial extension.

Prescriptions included Methadone 10mg 2 by mouth four times a day quantity 480, Oxycodone HCL 10mg 1 by mouth every day quantity 30 and Oxycodone HCL 20mg IR by mouth four times a day quantity 120. Currently under review is the request for Oxycodone, Oxycodone IR and Methadone.

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

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

**Oxycodone 10mg, 1 PO QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 2 years in combination with Methadone with worsening pain. The physician was avoided discontinuation due to withdrawal risk and was awaiting a spinal cord stimulator. There was no mention of a weaning program and the opioids were not providing noticeable relief. The continued use of Oxycodone 10 mg is not medically necessary.

**Oxycodone IR 20mg, 1-2 PO QID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 2 years in combination with Methadone with worsening pain. The physician was avoided discontinuation due to withdrawal risk and was awaiting a spinal cord stimulator. There was no mention of a weaning program and the opioids were not providing noticeable relief. The continued use Oxycodone 20 mg is not medically necessary.

**Methadone 10mg, 1 PO QID #480:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62, 92-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant had been on Methadone along with Norco for over 2 yrs with progressively worsening pain. As a result, continued and long-term use of Methadone is not medically necessary.