

<b>Case Number:</b>	CM15-0070708		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	01/31/1996
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 54 year old male, who sustained an industrial injury on 1/31/1996. The current diagnoses are chronic low back pain and possible right-sided sacroiliac joint dysfunction. According to the progress report dated 3/25/2015, the injured worker complains of right-sided low back pain with spasms and right hip pain. The pain is rated 9/10 on a subjective pain scale. The current medications are OxyContin, Oxycodone, and Benadryl. Treatment to date has included medication management. The plan of care includes prescription refills for OxyContin, Oxycodone, and Benadryl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 03/25/15 progress report provided by treating physician, the patient presents with right sided low back and right hip pain rated 9-10. The request is for OXYCONTIN, 20MG #120 WITH 1 REFILL. RFA not provided. Patient's diagnosis on 03/25/15 included chronic low back pain and possible right-sided sacroiliac joint dysfunction. Patient medications include OxyContin, Oxycodone, and Benadryl. The patient is permanent and stationary, per treater report dated 03/25/15. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycontin has been included in patient medications, per treater reports dated 10/08/14, 12/03/14 and 03/25/15. Per 03/25/15 progress report, treater states the patient "feels his pain is manageable with his current medication regimen. He is able to perform activities of daily living with the medications. Denies any excessive sedation, nausea, or vomiting associated with the analgesic medications. He admits to constipation which he is controlling with diet." Treater states "the patient's most recent serum drug screen from 01/10/2014 was consistent with prescribed analgesics without any evidence of illicit drug use... reviewed CURES report, which was consistent with prescribed medications..." In this case, treater has provided a good discussion on Aberrant behavior and lack of Adverse effects. However, the MTUS guidelines recommend urine, not serum, drug screens to detect compliance with the opioid agreement. Furthermore, treater provided general statements and has not discussed how Oxycontin reduces pain and significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no pain scales or validated instruments addressing analgesia, nor specific discussions regarding ADLs, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Oxycodone 5mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 03/25/15 progress report provided by treating physician, the patient presents with right sided low back and right hip pain rated 9-10. The request is for OXYCODONE 5MG #60 WITH 1 REFILL. RFA not provided. Patient's diagnosis on 03/25/15 included chronic low back pain and possible right-sided sacroiliac joint dysfunction. Patient medications include OxyContin, Oxycodone, and Benadryl. The patient is permanent and stationary, per treater report dated 03/25/15. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycodone has been included in patient medications, per treater reports dated 10/08/14, 12/03/14 and 03/25/15. Per 03/25/15 progress report, treater states the patient "feels his pain is manageable with his current medication regimen. He is able to perform activities of daily living with the medications. Denies any excessive sedation, nausea, or vomiting associated with the analgesic medications. He admits to constipation which he is controlling with diet." Treater states "the patient's most recent serum drug screen from 01/10/2014 was consistent with prescribed analgesics without any evidence of illicit drug use... reviewed CURES report, which was consistent with prescribed medications..." In this case, treater has provided a good discussion on Aberrant behavior and lack of Adverse effects. However, the MTUS guidelines recommend urine, not serum, drug screens to detect compliance with the opioid agreement. Furthermore, treater provided general statements and has not discussed how Oxycodone reduces pain and significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no pain scales or validated instruments addressing analgesia, nor specific discussions regarding ADLs, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Benadryl OTC 25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com-Benadryl.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, under Insomnia treatment.

**Decision rationale:** Based on the 03/25/15 progress report provided by treating physician, the patient presents with right sided low back and right hip pain rated 9-10. The request is for BENADRYL OTC 25MG #30. RFA not provided. Patient's diagnosis on 03/25/15 included chronic low back pain and possible right-sided sacroiliac joint dysfunction. Patient medications include OxyContin, Oxycodone, and Benadryl. The patient is permanent and stationary, per treater report dated 03/25/15. MTUS is silent on Benadryl/antihistamines. ODG-TWC, Mental Illness & Stress Chapter, under Insomnia treatment topic states: Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days. Sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012) Benadryl has been included in patient medications, per treater reports dated 10/08/14, 12/03/14 and 03/25/15. Per 03/25/15 progress report, treater states "continue Benadryl... for itching and

insomnia." Benadryl has been prescribed for almost 6 months from UR date of 04/03/15. Guidelines do not recommend long-term use of this medication. This request is not in accordance with guideline indication. Therefore, the request IS NOT medically necessary.