

<b>Case Number:</b>	CM15-0079386		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/18/1995
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 12/18/1995. The documentation provided noted that the injured worker sustained a back injury with a vertebral fracture. The injured worker was diagnosed as having other and unspecified disc disorder of the lumbar region and other and unspecified disc disorder of the lumbar spine. Treatment to date has included laboratory studies, medication regimen, and magnetic resonance imaging of the cervical spine. In a progress note dated 04/15/2015 the treating physician reports complaints of low back pain with associated symptoms of numbness in the right lower extremity with weakness to the right foot. The treating physician noted tenderness to the cervical and lumbar spine with severe muscle spasm on palpation to the lower back. The progress note lacked documentation of the injured worker's current pain level with regards to a pain scale. The treating physician requested the medications of Oxycontin 10mg with a quantity of 84 and Hydrocodone 10/325mg with a quantity of 84 noting that the injured worker has improved function with chronic opioid use. The treating physician also noted that the injured worker has attempted to wean off of these medications with a 25% reduction, but noted an increase in radiating pain to the right leg that prevents the injured worker from ambulating. The treating physician further notes that with use of this current medication regimen the injured worker has an increase in ambulation and increase in function without the side effects of previous medications used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg, 2 tablets 2 times daily, #84 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 10 mg 2 tabs b.i.d. #84 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are posttraumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome causing severe debilitating pain and weakness, much improved function with chronic opiates with monthly usage of opiates at a stable regular amount since May 2004. The date of injury is December 18, 1995. The injured worker has been on opiate therapy as far back as 2004. Subjectively, a progress note dated April 15, 2015, states the injured worker presents for evaluation and management of chronic back pain with a vertebral fracture from 1995. The documentation further indicates the injured worker in a stable dose of opiates with no red flags for abuse, no worrisome signs of inappropriate use. There are no VAS pain scores in this subjective section. The treating provider has attempted to taper OxyContin by 25% unsuccessfully. The documentation does not contain evidence of objective functional improvement to corroborate subjective pain scores (absent from the documentation). Additionally, according to an April 27, 2015 progress note, the injured worker had a VAS pain scale of 6/10 with medications and 9/10 without medications. The utilization review physician modified the request to OxyContin 10 mg times one week to allow the treating provider and opportunity to submit of evidence of objective functional improvement as well as subjective benefit associated with a VAS pain score. Additionally, two refills are not clinically indicated based on the medical record documentation. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing OxyContin, no evidence to support subjective functional improvement with missing VAS pain scores from the documentation with guideline recommendations to discontinue long-term opiates in patients with no overall improvement in function, OxyContin 10 mg 2 tabs b.i.d. #84 with two refills is not medically necessary.

**Hydrocodone 10/325mg, 1 4 times daily, #84 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325mg one PO QID #84 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are posttraumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome causing severe debilitating pain and weakness, much improved function with chronic opiates with monthly usage of opiates at a stable regular amount since May 2004. The date of injury is December 18, 1995. The injured worker has been on opiate therapy as far back as 2004. Subjectively, a progress note dated April 15, 2015, states the injured worker presents for evaluation and management of chronic back pain with a vertebral fracture from 1995. The documentation further indicates the injured worker in a stable dose of opiates with no red flags for abuse, no worrisome signs of inappropriate use. There are no VAS pain scores in this subjective section. The treating provider has attempted to taper opiates by 25% unsuccessfully. The documentation does not contain evidence of objective functional improvement to corroborate subjective pain scores (absent from the documentation). Additionally, according to an April 27, 2015 progress note, the injured worker had a VAS pain scale of 6/10 with medications and 9/10 without medications. The utilization review physician modified the request to Hydrocodone 10/325mg times one week to allow the treating provider and opportunity to submit of evidence of objective functional improvement as well as subjective benefit associated with a VAS pain score. Additionally, two refills are not clinically indicated based on the medical record documentation. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing hydrocodone, no evidence to support subjective functional improvement with missing VAS pain scores from the documentation with guideline recommendations to discontinue long-term opiates in patients with no overall improvement in function, Hydrocodone 10/325mg one PO QID #84 with two refills is not medically necessary.