

<b>Case Number:</b>	CM15-0094994		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/08/2001
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: 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 49 year old male, who sustained an industrial injury on 6/8/2001. Diagnoses have included chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disk (IVD), and lumbar post-laminectomy syndrome. Treatment to date has included lumbar fusion and medication. According to the progress report dated 4/15/2015, the injured worker was suffering from withdrawal symptoms since Kadian was denied to be filled three days ago. He had doubled his Norco, which had not helped with the withdrawal symptoms. The injured worker had not been able to work in three days. He reported nausea, vomiting, chills, shaking, restless sleep, sweating and agitation. He rated his back pain as 10/10 without medications and 4/10 with medications. He stated that his low back pain radiated to the right lower extremity. The treatment plan was to use clonidine and clonazepam to minimize the detrimental effects of withdrawing from the Kadian. He was to take Oxycontin 10mg twice a day and take up to five Norco per day. The injured worker had been working full time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone ER 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96 Oxycodone Page 92.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Oxycontin is indicated for the management of moderate to severe pain. The medical records document a history of spine surgeries and failed lumbar fusion. The progress report dated 2/23/15 documented that the patient was taking Kadian 30 mg extended release one time a day, Kadian 20 mg extended release one time a day, and Norco 10-325 four times a day as needed. The progress report dated 3/11/15 documented the prescription of Kadian 30 mg extended release every day #30, Kadian 20 mg extended release every day #30, and Norco 10-325 every six hours needed #120. Norco 10-325 mg #60, Kadian 30 mg ER #15, and Kadian 20 mg ER #15 were approved on 3/25/15. The progress report dated 4/7/15 documented the prescription of Kadian 30 mg extended release every day #30, Kadian 20 mg extended release every day #30, and Norco 10-325 four times a day needed #120. Norco 10-325 mg, Kadian 30 mg ER, and Kadian 20 mg ER were rejected on 4/11/15. The progress report dated 4/15/15 documented the prescription of Oxycodone ER 10 mg every 12 hours #60, and Norco 10-325 five times a day needed #150. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Oxycontin is indicated for the management of moderate to severe pain. The request for Oxycodone ER (Oxycontin) is supported by the medical records and MTUS guidelines. Therefore, the request for Oxycodone ER 10 mg #60 is medically necessary.