

<b>Case Number:</b>	CM15-0099281		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, with a reported date of injury of 09/12/2002. The diagnoses include lumbar post-laminectomy syndrome and chronic pain syndrome. Treatments to date have included oral medications; spinal cord stimulator; lumbar fusion; a computerized tomography (CT) scan of the lumbar spine on 01/06/2015 which showed dextroscoliosis with retrolisthesis at L3-4 and postoperative changes with anterior fusion with bone graft material, and neural foraminal narrowing; and an x-ray of the lumbar spine. The medical report dated 04/13/2015 indicates that the provider decreased the Oxycontin to 20mg and the injured worker felt horrible. It was noted that she had been homebound. The injured worker complained of low back pain, rated 10 out of 10 without medications, and 7 out of 10 with medication. The pain radiated to the bilateral lower extremities and bilateral buttocks. Her activities of daily living improve with medication. The physical examination showed no tenderness of the sacrum or the coccyx, tenderness over the right greater trochanter, tenderness of the bilateral sacroiliac joints, no tenderness of the left greater trochanter, and tenderness of the bilateral paraspinal region at L3. The treating physician requested two prescriptions for Oxycontin 20mg #60, two prescriptions for Percocet 10/325mg #120, and one urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 prescriptions for Oxycontin 20mg #60 between 4/20/2015 and 5/20/2015: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2002 and continues to be treated for chronic pain. She has a diagnosis of post laminectomy syndrome and treatments have included implantation of a spinal cord stimulator. Medications are referenced as decreasing pain from 10/10 to 5-7/10 and allowing for activities of daily living such as grocery shopping and providing care for her grandchildren. When seen, medications had been denied and she was having withdrawal symptoms and worsening pain. She had become essentially homebound. There was an antalgic gait and trochanteric and sacroiliac joint tenderness. There was lumbar paraspinal muscle tenderness. Medications prescribed were Percocet and Oxycontin at a total MED (morphine equivalent dose) of 120 mg per day. The records do not document any urine drug screening over the previous 12 months. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycontin is a sustained release opioid often used for baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control, improved activities of daily living, and improved quality of life. The total MED (morphine equivalent dose) was 120 mg per day consistent with guideline recommendations. Therefore, the ongoing prescribing of Oxycontin was medically necessary.

**2 prescriptions for Percocet 10/325mg #120 between 4/20/2015 and 5/20/2015: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2002 and continues to be treated for chronic pain. She has a diagnosis of post laminectomy syndrome and treatments have included implantation of a spinal cord stimulator. Medications are referenced as decreasing pain from 10/10 to 5-7/10 and allowing for activities of daily living such as grocery shopping and providing care for her grandchildren. When seen, medications had been denied and she was having withdrawal symptoms and worsening pain. She had become essentially homebound. There was an antalgic gait and trochanteric and sacroiliac joint tenderness. There was lumbar paraspinal muscle tenderness. Medications prescribed were Percocet and Oxycontin at a total MED (morphine equivalent dose) of 120 mg per day. The records do not document any urine drug screening over the previous 12 months. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by

the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control, improved activities of daily living, and improved quality of life. The total MED (morphine equivalent dose) was 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Percocet was medically necessary.

**1 urine toxicology screen between 4/20/2015 and 5/20/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2002 and continues to be treated for chronic pain. She has a diagnosis of post laminectomy syndrome and treatments have included implantation of a spinal cord stimulator. Medications are referenced as decreasing pain from 10/10 to 5-7/10 and allowing for activities of daily living such as grocery shopping and providing care for her grandchildren. When seen, medications had been denied and she was having withdrawal symptoms and worsening pain. She had become essentially homebound. There was an antalgic gait and trochanteric and sacroiliac joint tenderness. There was lumbar paraspinal muscle tenderness. Medications prescribed were Percocet and Oxycontin at a total MED (morphine equivalent dose) of 120 mg per day. The records do not document any urine drug screening over the previous 12 months. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and therefore the request was medically necessary.