

<b>Case Number:</b>	CM14-0152889		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 man with a date of injury of 7/21/03. He was seen by his primary treating physician on 8/5/14 and 9/2/14 with complaints of persistent back pain shooting down his legs. He noted ongoing depression and erectile dysfunction. He stated that his pain medications helped him and he denied side effects. His exam showed no signs of sedation with pupils equal and round. He had tenderness around his IPG site and had upcoming spinal surgery to remove the IPG. By the 9/14 visit, his IPB had been removed successfully. His diagnoses included post lumbar laminectomy syndrome, depression, chronic pain syndrome and erectile dysfunction. At issue in this review is the refill of Oxycodone, Oxycontin, Toradol Injection and urine drug screen. He had a prior drug screen in 6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of oxycodone 30 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 53 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits of 8-9/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Oxycodone is not substantiated in the records.

**1 Prescription of oxycontin 40 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 53 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits of 8-9/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Oxycontin is not substantiated in the records.

**1 urine drug screen:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This 53 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics and NSAIDs. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, prior drug screening has confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically substantiated.

**1 Toradol injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 78.

**Decision rationale:** This 53 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics and NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify ongoing toradol injections.