

<b>Case Number:</b>	CM14-0155359		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Internal Medicine, and is licensed to practice in California. 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 54-year-old female who reported a work related injury on 09/12/2002. The mechanism of injury was not provided for review. The injured worker's diagnoses include chronic pain syndrome and postlaminectomy lumbar syndrome. The injured worker's past treatment includes medication management, physical therapy, aqua therapy, trigger point injections, epidural steroid injections, spinal cord stimulation, and a lumbar laminectomy and fusion. Diagnostic studies include an x-ray on an unspecified date which revealed 360 fusion from L4 to the sacrum, a lumbar MRI on 08/01/2006 revealed no central foraminal stenosis in the lumbar spine, and there is no report of disc derangement above L4 and a lower extremity diagnostic test on 04/17/2009 which revealed chronic left S1 radiculopathy. The injured worker's surgical history includes surgery, spinal cord stimulator implantation, repair of ventral hernia, and lumbar fusion. Upon examination on 08/25/2014, the injured worker continued to experience low back pain and bilateral buttock pain with pain radiating into the bilateral lower extremities. The injured worker rated this pain as a 10/10 without medications and a 6/10 with medications on the VAS pain scale. Upon physical examination it was noted that the injured worker had an antalgic gait, bilateral paraspinal tenderness at L2, pain with lumbar range of motion, and normal sensation bilaterally. The injured worker's prescribed medications include baclofen, Celebrex, hydrocodone, Lidoderm patch, Savella, and Amitiza. The treatment plan consisted of OxyContin and hydrocodone. Section 10: The rationale for the request is chronic pain syndrome. The Request for Authorization form was submitted for review on 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30mg ER #90:** Upheld

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

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

**Decision rationale:** The request for OxyContin is not medically necessary. California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as the most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured worker complained of constant low back pain and bilateral buttock pain with pain radiating into the bilateral lower extremities. She rated the pain as a 10/10 without medications and a 6/10 with medications on the VAS pain scale. There is no clear documentation as to the functional benefits from chronic use of OxyContin if the injured worker is still rating her pain as high as a 6. The documentation does not provide clinical information that contains evidence of significant measurable subjective information on functional improvement as a result of continued opioid use. The injured worker has been prescribed OxyContin since at least 05/17/2011. Additionally, there is a lack of documentation indicating that the injured worker has increase ability to continue activities of daily living with the use of OxyContin, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the injured worker for drug related behaviors has been addressed. Therefore, the request for OxyContin cannot be warranted. As such, the request for OxyContin is not medically necessary.

**Hydrocodone/APAP 10/325mg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** The request for Hydrocodone is not medically necessary. California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life. 4 domains have been proposed as the most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should effect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured worker complained of constant low back pain and bilateral buttock pain with pain radiating into the bilateral lower extremities. She rated the pain as a 10/10 without medications and a 6/10 with medications on the VAS pain scale. There is no clear documentation as to the functional benefits from chronic use of hydrocodone if the injured worker is still rating her pain as high as a 6. The documentation does not provide clinical information that contains evidence of significant measurable subjective information on functional improvement as a result of continued opioid use. The injured worker has been prescribed hydrocodone since at least 05/17/2011. Additionally, there is a lack of documentation indicating that the injured worker has increase ability to continue activities of daily living with the use of hydrocodone, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the injured worker for drug related behaviors has been addressed. Therefore, the request for hydrocodone cannot be warranted. As such, the request for Hydrocodone is not medically necessary.