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| <b>Case Number:</b>   | CM13-0036646 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 04/13/1992 |
| <b>Decision Date:</b> | 05/20/2014   | <b>UR Denial Date:</b>       | 10/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

Prior treatment history has included physical therapy with limited improvement. The patient underwent right knee surgery x3, right shoulder surgery and right elbow surgery. PR-2 dated 11/05/2013 stated the patient has tried and failed long acting pain medication such as OxyContin and Opana ER. The patient rated his pain at a 6/10 with current medication. Depending on activity his pain levels may reduce down to a 5/10 at best. Without pain medication, he stated his pain would be at a 10/10. He reported a 40% to 50% improvement in pain level as well as improvement in overall functional status with the combination of medications, although it was far from optimal. The patient was diagnosed with ongoing low back pain and lower extremity pain; multilevel lumbar neuroforaminal stenosis; lumbar spondylosis; chronic and persistent neck and low back pain; bilateral knee internal derangement; chronic pain syndrome; Opioid dependency; Chronic depression; and erectile dysfunction. On the patient's treatment plan, authorization was requested for the patient to continue Oxycodone 30 mg two q.i.d. p.r.n. pain limited to 8 per day, #240; continue Valium 10 mg t.i.d. for anxiety secondary to chronic pain, #90; continue Soma 350 mg q.i.d. as needed for muscle spasms, #120; continue Medrox compounded rub for symptomatic relief of neuropathic pain in bilateral lower extremities. Also, Viagra 100 mg, replacement right wrist brace for support and protection of the distal right upper extremity and replacement right elbow sleeve for protection and support were being requested as well. The patient was instructed to follow up in one month for re-evaluation and medication management. The patient has signed a pain medication agreement and continued to comply with his prescription guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 mg (#240): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids Page(s): 97,78-86.

**Decision rationale:** Oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. The CA MTUS guidelines state opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. The medical records indicate pain level is 6/10 with current medications and was 6-7/10 with his other opioids as well. There is no indication the patient has returned to work. Clinically relevant pain relief and improvement in function has not been established. There is no documentation indicating continued review of overall situation with regard to non-opioid means of pain control, including non-pharmacologic means used for pain control. The medical records do not demonstrate the patient has kept a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. The medical records do not document how the patient is utilizing his medications, how many pills he is taking per day. The guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The medical records indicate this patient's daily opioid use exceeds the maximum MED of 120 mg (taking 8 Oxycodone 30mg per day equates to MED of 380mg). Given all of these factors, the medical necessity of Oxycodone 30mg #240 has not been established.