

<b>Case Number:</b>	CM13-0044737		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	01/01/2002
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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:

Progress note dated 10/02/2013 documented the patient to have complaints of ongoing severe neck pain and back pain. She has a history of multiple pain generators including both cervical and lumbar degenerative disc disease with radiculopathy. She is being followed for an industrial injury sustained 01/01/2002. Per the patient, the accepted body parts for this claim are bilateral upper extremities, bilateral shoulders and neck. The patient reports that last night she had a flare up which has persisted throughout the night and into today. She continues to report worsening spasms in her neck and back. Patient states that her medications are not helping to relieve her pain. Average pain without medication is a 10/10 and with the medications 7.5/10. Today the pain is rated at 10/10 on the pain scale. Objective findings on exam included deep tendon reflexes in the lower extremities decreased but equal. Examination of the cervical spine revealed abnormal tenderness and palpation at C6-C8. Tender to palpation at the paraspinals bilaterally with radiating pain to upper extremities and shoulders. The range of motion is forward flexion 35 degrees, hyperextension 55 degrees. Hoffman and Spurling maneuvers are negative. Examination of the thoracic spine reveals abnormal tenderness and palpation at L4-L5. Tender to palpation of the paraspinals. Exquisite tenderness over L4-L5 facets. Range of motion is flexion 40 degrees, hyperextension 30 degrees, right lateral bend 15 degrees Left lateral bend 15 degrees. Squatting was abnormal. There was sciatic notch tenderness bilaterally. Sitting straight leg raise positive bilaterally. Normal heel/toe walks. There was spasm in bilateral cervical and bilateral lumbar. Strength was decreased in bilateral lower extremities. Deep tendon reflexes in lower extremities are decreased but equal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCL 15MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The Expert Reviewer's decision rationale: As per CA MTUS guidelines, Oxycodone is a highly potent form of opiate analgesic that is recommended for moderate to moderately severe pain. Guidelines indicate "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 (or nonadherent) 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)." In this case, records review indicates that this patient's 10/02/2013 UDS was positive for opiate and cannabinoids. She has chronic multi-region pain and has been prescribed Hydrocodone 10/325, Soma and Tramadol. There is subjective documentation that this patient's pain level decreases from 10/10 to 7.5/10 with medications, without subjective reports of functional improvement. The guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is documentation submitted that revealed the UDS was positive for opiates and cannabinoids. The guidelines recommend opiates be discontinued if there is no overall improvement in function. It is not established that the patient is likely to improve with oxycodone, as there is no evidence of improvement on opioid treatment in the acute and subacute phases. The clinical findings do not substantiate necessity of stronger opiate. In addition, the guidelines recommend that trials of other treatment, including non-opioid medications be attempted, which has not been demonstrated in this case. It is not recommended that additional stronger opiate be added. Thus, the request is non-certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms. It is recommended that the patient begin weaning from the opioids.