

<b>Case Number:</b>	CM14-0105131		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/01/1988
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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, has a subspecialty in Pulmonary Diseases 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 69-year-old male who reported an injury on 11/01/1988 due to unspecified cause of injury. The injured worker complained of neck and arm pain that radiated to the bilateral shoulders. The diagnoses included cervical spondylosis without myelopathy, cervical spine osteoarthritis, degenerative disc disease causing stenosis of the foramina at multiple levels of the cervical spine, and muscle spasms. The past treatments included physical therapy, medication, hot and cold therapy, and injections. Medications included oxycodone 10 mg, Kadlan 80 mg. The reported pain was a 5/10 using the VAS. The objective findings dated 05/15/2015 reveal a well developed male; slow, nonantalgic gait. Limited lateral flexion of the neck bilaterally due to pain. Has normal motor and sensory exam to the upper extremities, reflexes were normal with 45 degree rotation bilaterally and extension 20 degrees. The treatment plan included reduction of medication by 25%. Refill for the morphine sulfate and the oxycodone. The Request for Authorization dated 07/30/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone tab 10mg day supply: 30 Quantity: 180 Refills: 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Ongoing Management Page(s): 75 78.

**Decision rationale:** The California MTUS guideline recommend oxycodone for controlling chronic pain and this medication is often used for intermittent or breakthrough pain. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes indicate that the injured worker had a cervical epidural steroid injection with reduced pain of 50%; however, he rated his pain 5/10, and indicates that he does not need as much pain medication. The objective findings revealed reflexes were normal, motor and sensory normal, the upper extremities, there is some limitation with flexion. The guidelines indicate the 4 A's. The documentation was not evident of adverse effects or aberrant drug taking behavior. The injury was in 1988. The request did not indicate the frequency. As such, the request is not medically necessary.

**Morphine sul cap 80mg ER day supply: 30 Quantity: 120 Refills: 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The California MTUS indicate there is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. (Martell-Annals, 2007) Current studies suggest that the "upper limit of normal" for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. The clinical notes indicate that the injured worker had a cervical epidural steroid injection with reduced pain of 50%; however, he rated his pain 5/10 and indicates that he does not need as much pain medication. The objective findings revealed reflexes were normal, motor and sensory normal, the upper extremities, however there was some limitation with flexion. The guidelines indicate the 4 A's. The documentation was not evident of adverse effects or aberrant drug taking behavior. The injury was in 1988. The request did not indicate the frequency. As such, the request is not medically necessary.