

<b>Case Number:</b>	CM14-0120508		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/10/2007
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine and 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:

The patient is a 41-year-old male who has submitted a claim for lumber/lumbosacral disc degeneration associated with an industrial injury date of March 10, 2007. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of constant low back pain associated with muscle spasms. The patient rated his current pain an 8/10 at best, a 5/10 with medications and a 10/10 at worst without medications. Patient also reported 50% decreased pain and 50% functional improvement with the use of medications versus not taking them at all. However, he was not working and there was also reported insomnia and depression due to chronic back pain. Physical examination revealed limited ROM in the lumbar spine, presence of nerve root tension sign bilaterally which produced right-sided low back pain, muscle spasm, loss of lumbar curve, decreased sensation in the right lateral calf and bottom of foot, ambulation with a limp with the right lower extremity, crepitus with passive flexion and extension of the knees, instability with excessive laxity with valgus maneuvers bilaterally, painful patellar compression, positive carpal tunnel tests in left wrist, painful passive ROM in the left wrist, tenderness over the subacromion of the left shoulder and positive impingement sign in the left shoulder. Treatment to date has included medications, gym exercise regimen, chiropractic therapy, weight loss program and an H-wave device. Utilization review from July 22, 2014 denied the request for Oxycodone IR 10mg #60 because despite its long-use, the patient still reported a pain level of 8/10 and also reported insomnia and depression secondary to chronic pain. Additionally the patient had not returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Oxycodone.

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

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least July 2013. Although the patient reports improvement with the use of medications, reported pain level was still at 8/10. There was no reported improvement in ADLs; in fact the patient was still not working and was experiencing insomnia and depression from the chronic pain. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycodone IR 10mg #60 is not medically necessary.