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| <b>Case Number:</b>   | CM14-0121370 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 01/19/2004 |
| <b>Decision Date:</b> | 09/11/2014   | <b>UR Denial Date:</b>       | 07/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 52-year-old male who was injured on 1/19/2004 after slipping and falling. He was diagnosed with adhesive capsulitis of the shoulder, shoulder impingement bilateral, left knee degeneration, carpal tunnel syndrome, cervical/thoracic/lumbar degenerative disc disease, muscle spasm, lumbar radiculitis, and lumbago. He was treated with oral medications (including Percocet and Oxycodone), topical analgesics, antidepressants, muscle relaxants, exercise, epidural injections, and surgery (left knee, left shoulder, right shoulder, and both wrists). On 7/9/14, the worker was seen at a pain management clinic complaining of continual pain in both arms, both legs, his neck, both shoulders, his buttocks, his mid-back, both elbows, left hip, both hands, left knee, lower back, and right ankle/foot. He complained of muscle spasticity as well. Since his last visit, he had been experiencing more low back and leg pain. With medication, his pain was rated at 7-8/10 on the pain scale. He also reported being depressed and said he had difficulty sleeping. He reported taking Oxycodone 15mg (max 6 daily), Soma, Tizanidine, Amitriptyline (for neuropathic pain), and Cialis. His medications were then refilled and he was recommended to continue physical exercise as well as to take a Medrol Pak.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone (Roxicodone) HCL 15mg as needed, maximum 6 per day,:** 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 Page(s): 80, 86 and 87.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that opioids are not recommended as first-line therapy for neuropathic pain but may be considered for general chronic back pain that is moderate to severe after other medications have been tried. Dosage of opioids should be carefully decided, and it is recommended that the daily morphine equivalent dose (MED) be no more than 120 mg, except in rare circumstances and with pain management consultation. Continuation of opioids must be justified with documented evidence of pain reduction and functional improvement. In the case of this worker, he had been using Oxycodone, but no report was seen in the documents provided suggesting it improved his overall function. Also, the calculated MED was higher than 120mg per day when including the already prescribed Percocet, and it is not clear as to how or if he is still taking Percocet as it was not recorded as being stopped. Due to lack of clarity regarding which medications the worker is taking and how he is taking them as well as how he is benefitting from them functionally, the Oxycodone is not medically necessary.

**Medrol pak 4mg 1 package:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, oral corticosteroids.

**Decision rationale:** The MTUS Guidelines are silent in regards to corticosteroid use for chronic pain. The ODG, however, states that they are not recommended for chronic pain as there is no data on efficacy and safety. However, for an acute exacerbation of low back pain with radicular symptoms, a short course of oral corticosteroids may be considered. In the case of this worker, the consideration of a Medrol pak seems warranted in these circumstances and is medically necessary, considering he had an acute exacerbation of low back pain with clear radicular symptoms.