

<b>Case Number:</b>	CM14-0123029		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Neurology has a subspecialty in Neuromuscular 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 patient is a 56-year-old man who sustained a work-related injury on July 31, 2009. Subsequently, he developed chronic neck pain. The patient underwent a posterior cervical laminectomy. According to a progress report dated on January 10, 2013, the patient was complaining of severe back pain that was rated 10 over 10. The patient was treated with the fentanyl patch, Dilantin, Celebrex, Ambien and nortriptyline. His physical examination demonstrated the lumbar tenderness with reduced range of motion, and cervical tenderness with reduced range of motion, positive straight raise leg testing. According to report dated on June 9, 2014, the patient continued to have neck and thoracic and lumbar pain. The he was status post lumbar laminectomy. The patient physical examination demonstrated decreased flexion and extension of cervical spine, severe muscle spasm in the neck. The patient was treated with Valium, oxycodone, and meloxicam fentanyl patch. The provider requests authorization to continue oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 15mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear documentation of functional improvement with previous use of the opioids since at least 2013. There is no documentation of significant pain improvement with previous use of opioids. There is no justification of continuous use of Oxycodone. There is no documentation of safety and compliance with previous use of opioids. Therefore, the prescription of Oxycodone IR 10 mg # 180 is not medically necessary.