

<b>Case Number:</b>	CM14-0158453		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	09/12/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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, has a subspecialty in Interventional Spine 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 57 year old with an injury date on 9/12/09. The patient complains of continuing cervical pain, low lumbar pain radiating to right buttock, down right leg with numbness/tingling, and worsening left knee pain rated 9/10, per 9/4/14 report. The patient also uses Detrol LA 4mg at night for her neurogenic bladder from multiple back injuries/surgeries, per 9/4/14 report. Based on the 9/4/14 progress report, the diagnoses are chronic pain from multiple orthopedic musculoskeletal problems including chronic lower back pain, mid back pain, neck pain and chronic left knee pain status post (s/p) multiple surgeries requiring pain management; status / post cervical fusion in January 2010; history of thoracic and lumbar fusion by [REDACTED] in 2010, 2011, and 2012; history of athroscopy of left knee in 2010 and 2011; multiple back (1996, 1998, and 2008) and left knee (2010, and 2011) surgeries after her previous work-related injury as a police officer; history of elevated liver enzymes; history of monoclonal gammopathy of undetermined significance - seeing oncologist on a regular basis, nonindustrial; neurogenic bladder from multiple back injuries; increasing right leg radicular pain with numbness/tingling; s/p bilateral carpal tunnel release with mild intermittent recurrent right hand numbness, cannot rule out recurrent carpal tunnel syndrome; and bilateral heel pain probable plantar fasciitis. The exam on 9/4/14 showed antalgic gait with left knee pain and the patient is wearing a brace. There was tingling over right lateral foot/toes noted as well as left knee range of motion 0-95. The request is for pharmacy purchase of oxycodone 10mg #120, #30. The utilization review determination being challenged is dated 9/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Oxycodone 10mg #120, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with neck pain, lower back pain, right leg pain, and left knee pain and is status post (s/p) cervical fusion, thoracic and lumbar fusion, and multiple knee surgeries. The patient has been taking Oxycodone since 2/26/14. The treater has asked for pharmacy purchase of oxycodone 10mg #120, #30. For chronic opioids use, MTUS Guidelines page(s) 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily livings, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Oxycodone and does discuss the 4 A's and activities of daily living. But there is only a brief mention of a urine drug screen of an unspecified date, and the pain assessment only states "reduced to a tolerable level" but does not include a measure of current pain, average pain, least pain, intensity of pain, and time it takes for medication to work and duration of relief. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, this request is not medically necessary.