

<b>Case Number:</b>	CM14-0158690		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/27/2014
<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 & Rehabilitation, has a subspecialty in Pain Medicine 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 56 year-old male with a date of injury of February 17, 2000. The patient's industrially related diagnoses include myofascial pain syndrome, lumbar spondylosis, lumbar or thoracic radiculopathy, and post-laminectomy syndrome of lumbar spine. The disputed issue is a prescription for oxycodone 5mg #90. A utilization review determination on 8/27/2014 had modified the request to certify oxycodone 5mg #90 for the purpose of a trial to taper to a lower dose total opioid or to cessation if possible by decreasing dosage by 10% every 2-4 weeks. The stated rationale for the modification was: "The clinical documentation does not show ongoing review and documentation of improved functional status. Pain assessment does not include: the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid. Opioid contract is not documented."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** The California Pain Medical Treatment Guidelines state that oxymorphone (Opana) is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. The Utilization Review report modified the request stating: "The clinical documentation does not show ongoing review and documentation of improved functional status. Pain assessment does not include: the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid. Opioid contract is not documented." However, in the case of this injured worker, the available documentation does address the 4 A's which include evaluation of pain relief, improved functional status, and risk of aberrant behavior. In regards to pain relief, the current pain level is documented at 5/10 on 8/18/2014 from 4/10 on 7/21/2014 and treating physician documents that the oxymorphone provides 20% reduction in pain within 30 minutes after taking the medication and lasting for a duration of 3-4 hours. The injured worker indicates that the medication helps reduce the pain. In regards to functional level, there is documentation that activities of daily living and specifically walking is improved. The side effects noted are cramping in the legs. In regards to potential for aberrant use of the medication, there is documentation that the results of the last urine drug screen on 3/5/2014 were appropriate and the [REDACTED] Patient Activity Report was reviewed on 4/1/2014. Based on the guidelines and the adequate documentation, the request for oxymorphone IR 5mg #90 tablets is medically necessary.