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| <b>Case Number:</b>   | CM14-0160724 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 04/22/1994 |
| <b>Decision Date:</b> | 12/26/2014   | <b>UR Denial Date:</b>       | 09/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2014 |

### 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 Family Practice and is licensed to practice in Ohio. 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 67 year old female with a date of injury of 4-22-94. The mechanism of injury is not stated. She has chronic neck, back, and left shoulder pain. The diagnoses include displacement of an intervertebral cervical disc without myelopathy, unspecified radiculitis, lumbosacral spondylosis without myelopathy, and opioid dependence. Her pain with medication is said to be 5-6/10 and without medications 8/10. The physical exam reveals tenderness to of the trapezii muscles, the left sacroiliac joint, a positive straight leg raise test on the left, weakness of the left gastrocnemius and tibialis anterior muscles, positive impingement findings for the left shoulder. The injured worker had been able to return to work with 4 Norco 5/325 mg a day, but not less. She was converted to dilauded when her liver enzymes were found to be elevated. The dilauded was stopped and Roxicodone 5 mg three times daily was started. At issue is the Roxicodone. The utilization review physician denied the Roxicodone because less potent opioid like tramadol were not tried first.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 5mg TID #90, supply: 30 days, MED 22.5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Purdue Pharma, July 30, 2003, Oxycontin (Oxycodone), Blue Cross/Blue Shield, Oxycontin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Those receiving chronic opioid treatment require ongoing monitoring of pain relief, functional status, medication side effects, and any aberrant drug taking behavior. The opioids may be continued if the injured worker has regained employment or has improved pain and functionality as a result of the opioids. In this instance, 20 mg a day of hydrocodone was essentially changed for oxycodone 15 mg a day. This resulted in a change from 20 mg of morphine equivalency to 22.5 mg of morphine equivalency a day. It had been stated that the injured worker could not return to work at Norco doses below 20 mg per day of morphine equivalence. The migration from 20 to 22.5 mg of morphine equivalency is clinically insignificant. Tramadol does not allow for smooth transitions from other opioids in terms of calculating roughly equivalent doses. Therefore, Roxicodone 5mg TID #90, supply: 30 days, was medically necessary.