

<b>Case Number:</b>	CM14-0170601		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/10/2001
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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 64 year-old male who was injured at work on 8/10/2001. The injury was to his neck, back, shoulders and upper extremities. He is requesting review of denial for "1 Prescription of Oxycodone IR 10 mg #90." In the Utilization Review process the request was modified to # Oxycodone IR 10 mg #68 tablets between 10/1 and 12/4/2014 to allow for weaning. Medical records corroborate ongoing care for his injuries. His chronic diagnoses include the following: Chronic Painful Thoracolumbar Degenerative Disc Disease; Left Shoulder Pain/Status Post SLAP Debridement and Acromioplasty/Status Post Arthroscopic Subacromial Decompression, Cuff Debridement and Distal Clavicle Excision; Bilateral Upper Extremity Overuse Syndrome/Status Post Left Thumb Carpal Metacarpal Arthroplasty/Status Post Right Carpal Tunnel Release/Status Post Multiple Finger Flexor Releases and Synovectomies/Status Post Left Carpal Tunnel Release/Status Post Remote Left Wrist Fracture; Chronic Painful Cervical Degenerative Disc Disease/Status Post Cervical Fusion; and Right Shoulder Stiffness/Status Post Arthroscopic Subacromial Decompression. His medications include: Oxycodone, Motrin, Prilosec, Soma, Senna, Docusate, and Prozac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Oxycodone IR 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Oxycodone,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78, 80.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS)/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Oxycodone IR is not considered as medically necessary.