

<b>Case Number:</b>	CM14-0045767		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 52-year-old female patient who sustained a work related injury on 2/9/2009 as result of an unknown mechanism of injury. According to her PR-2 dated 2/4/2014, she has had neck, back and shoulder pain that is 7/10 in intensity, described as achy and throbbing. On physical examination she has a reduction in her cervical range of motion, tenderness along the cervical paraspinal region on the right with bilateral trapezius muscles at C3-5 and C7-T2. Spurling test was positive for neck pain only to the right. In the lumbar region there is tenderness in bilateral paravertebral regions at L4-S1 and at the right sacroiliac joint. FABERE, Pelvic Shear and Stork testing are all positive on the right. Extension and right lateral rotation are positive for back pain production. According to the same note, the patient's pain management regimen includes OxyContin 20mg extended release tablet, 1 tablet twice a day prn for 30 days, OxyContin 30mg extended release tablet, 1 tablet twice a day prn for 30 days, Voltaren1% topical gel, Soma 350mg tablet twice a day prn for 30 days, Exalgo ER 16 mg tablet, extended release 1 every night prn for 8 days, Exalgo ER 8 mg tablet, extended release 1 every night prn for 8 days, Terocin NEW apply to painful area 2 to 3 times per day as directed, Norco 10mg-325mg tablet 1 tablet four times a day prn for 30 days and Oxycodone 15mg tablet 1 tablet six times a day prn for 30 days. In dispute is a decision for Oxycodone 15mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment, page(s) 75, 86, 88, 91 Page(s): 75, 86, 88, 91.

**Decision rationale:** Opioid Classifications (Oxycodone): Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Dosage should be based on the oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg PO every 4 to 6 hours as needed (prn) may all this required to provide analgesia. Note: Maximum daily dose is based on acetaminophen content (Maximum 4000mg/day). For more severe pain the dose (based on oxycodone) is 10-30mg every 4 to 6 hour s prn pain.Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose.The continued use of such medication needs periodic reassessment. This should document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.The Utilization reviewing physician recommends a period of weaning as the patient is on multiple opioid medications that are apparently not providing much in the way of benefit with regards to functional improvement, pain reduction or improvement in quality of life. I find its continued use is not medically necessary.