

<b>Case Number:</b>	CM14-0054686		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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, 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:

This is a 51 year old female with a work injury dated 08/23/2007. The injured worker (IW) is being treated for left knee, mid and lower back. She has a past medical history of depression. On 10/16/2013 the provider documented medication was helpful but did not completely eliminate all the pain. Exam noted gait was slow and left antalgic with slight swelling in left lower leg. No redness was noted. No focal weakness was noted and sensory exam was normal. Medications were refilled. On 12/16/2013 the IW indicated that she was still having a lot of pain in the knee and does not feel she had gotten much improvement from her surgery. Exam was unchanged. Medications were refilled. There is no operative record submitted or no mention of type of surgery or date of surgery. On 01/15/2014 the IW indicated that she took a fall a few weeks ago and started having more pain in the left knee. She states she took a few extra of the Oxycodone due to the increased pain. She was out of her medication. Exam remained unchanged. Medications were refilled. On 02/24/2014 the provider documents the IW is doing well and the medication seemed to be helping without any side effects noted. There was no change in physical exam. Medications were refilled. She was working part time. On 03/25/2014 the IW was complaining of more pain from the back down into the right leg. She was taking her medication which did help but the pain had recently got worse. Physical exam noted gait was slow and left antalgic. Left lower leg had slight swelling without heat or redness. No focal weakness was noted and sensory exam was normal. Mid back area was tender. There was good range of motion of the neck without cervical tenderness. She received an injection of pain medication (Toradol) and medication refills were ordered. The IW was off work. The IW medications consisted of pain medication, non-steroidal anti-inflammatory drugs, muscle relaxants and anti-seizure medications for pain. The provider notes that physical therapy did not help. There is no documentation of the dates of physical therapy or the number of sessions. The

progress note on 03/25/2014 requests authorization for oxycodone 15 mg # 150. On 04/03/2014 utilization review issued a decision stating oxycodone 15 mg # 150 was not medically necessary; however a modification of oxycodone 15 mg # 90 was medically necessary. Criteria cited for the modification was there was no documentation of measurable analgesic benefit and no documentation of a urine drug screen or of a signed opiate agreement. California Medical Treatment Guidelines page 76-80, Opioids were referenced.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 15mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lower leg pain, lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Oxycodone for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 15mg #150 is not medically necessary.