

<b>Case Number:</b>	CM14-0132651		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

### 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 68 year old male sustained an injury on January 31, 2008. The mechanism of injury was not included in the provided medical records. Currently the injured worker is using H2 antagonist/non-steroidal anti-inflammatory, muscle relaxant, short-acting pain, and long-acting pain medications. On July 10, 2014, the treating physician noted the injured worker complained of chronic lower back pain and multiple joint pains, especially the hips - right greater than the left, groin pain - especially on the right, sacroiliac joint dysfunction pain, some left lower extremity pains, and phantom pain form an amputation just below the left knee. The left leg and phantom pain were increased. The current pain level was 6/10 without medications and 9/10 without medications. The physical exam revealed a regular heart rate and rhythm without murmur, rub, or gallop. The lungs were clear, abdomen benign without hepatosplenomegaly, and positive bowel sounds in all four quadrants and periumbilically. The extremities had no clubbing, cyanosis, or edema. The neurological exam revealed no abnormalities. Diagnoses were chronic lower back pain, lumbar syndrome, lumbar radiculopathy, sacroiliac joint dysfunction, multiple joint pains, below the knee amputation with phantom pain, degenerative joint disease of bilateral hips - right worse than left, osteoarthritis, and facet syndrome. The treatment plan was to continue the current medications. The provided medical records did not include the injured worker's current work status. On July 25, 2014, Utilization Review modified a prescription for Oxycodone tab 30mg; 30 Day Supply; Quantity: 120 (MED 180mg) requested on July 8, 2014. The Oxycodone was modified based on the injured worker's Morphine equivalent dose (MED) was extremely high and exceeded the guidelines by more than four times the recommended

opioid ceiling. The modification was made to immediately reduce the excessive opioid dose. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Oxycodone Tab 30mg QTY 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management & Opioids, Dosing Page(s): 78-80 & 86.

**Decision rationale:** Oxycodone Tab 30mg QTY 120 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS also states 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 documentation submitted reveals that the patient's opioids intake exceeds the recommended Morphine Equivalent Dose. Additionally, the patient has been on long term opioids without significant functional improvement therefore the request for oxycodone tab 30mg QTY 120 is not medically necessary.