

<b>Case Number:</b>	CM14-0206285		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/13/1992
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 61 year old male with the injury date of 04/13/92. Per physician's report 11/24/14, the patient has low back pain at 6.5/10 with medication and 10/10 without medication. His low back pain is radiating down his legs, right worse than left. The patient has reduced Oxycodone to seven per day. The patient will reduce it to six a day in December. The patient has failed Oxycontin and Opana ER. The patient is currently taking Roxicodone, Viagra, Valium, Soma and Medrox compounded RUB. "The patient notes 30% improvement in pain levels as well as improvement in overall functional status with the combination of medications... He states that the medications allow him to participate in his daily activities specifically his self-care needs. He is also able to participate in meaningful activities with his family. The patient denies any adverse side effects. The patient shows no evidence of drug seeking behavior. Urine drug screening shows evidence of compliance with prescribed medications. The patient has signed an opioid contract and remains compliant with those terms." The lists of diagnoses are:1) Chronic and persistent neck and low back pain2) Cervical and lumbar spine strain/ sprain3) Lumbar spondylosis with radiculopathy4) S/P right shoulder and elbow surgery5) S/P right knee surgeries x3Per 10/24/14 progress report, the patient has had difficulty reducing his daily Oxycodone. He has some withdrawal symptoms and increase in pain. He rates his pain with 7/10 with medication and 10/10 without medication. The utilization review letter 12/04/14 modified Oxycodone to #180" in order to initiate appropriate weaning." Treatment reports were provided from 08/09/13 to 12/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; Criteria for Use of Opioids Page(s): 60-61; 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremities. The request is for Oxycodone 30mg #210. The patient has been utilizing Oxycodone since at least 08/09/13. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the reports show that the treating physician has addressed urine toxicology and documentation of a pain contract. However, the review of the reports does not show any discussion specific to this medication. There is lack of analgesia documentation with before and after pain scales. Given the lack of adequate documentation of the four 4As (analgesia, ADLs, adverse side effects, and adverse behavior) specifically related to Oxycodone, the request for Oxycodone 30 mg #210 is not medically necessary. The utilization review letter 12/04/14 already authorized #180 between 11/24/14 and 01/13/15.