

<b>Case Number:</b>	CM14-0067028		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/05/2002
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology 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 patient is a 56-year-old female with a date of injury of 04/05/2002. The patient's diagnoses include chronic pain syndrome, cervical strain, cervical spondylosis without evidence of cervical radiculopathy and with negative electrodiagnostic studies, herniated disc C4-5, degenerative disc disease, lumbar strain, L5 radiculopathy, bilateral carpal tunnel syndrome, trochanteric bursitis-right hip, headaches, diabetes, morbid obesity and pulmonary dysfunction. According to the medical record the patient reports constant pain in her neck, right shoulder, low back pain with radiation to the right lower extremity and right hand pain. The patient reports a pain level of 3 to 6 out of 10 with occasional exacerbations to a 9 or 10 out of 10. The patient's symptoms are reportedly relieved with medications. Her medications include Fentanyl, Oxycodone, Wellbutrin, Cymbalta, Celexa and Flexeril. According to the medical record, the patient was prescribed Fentanyl 75 mcg/hr patch and Oxycodone 15 mg QID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #120 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Substance Abuse Page(s): 76, 86, 94, 108.

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

**Decision rationale:** This patient has documented evidence of chronic pain which includes low back pain. Oxycodone is a short-acting opioid. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." In addition, on-going management MTUS Guideline recommendations state "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition, the MTUS Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required if the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. In addition, the recommendation is that the dosing not exceed 120 mg oral morphine equivalents per day. In this case, the patient is taking more than one opioid. The combination of transdermal Fentanyl and oral Oxycodone far exceeds the 120 mg oral Morphine equivalents per day. Therefore, the above listed request for Oxycodone 15mg #120 with one refill is considered not medically necessary.