

<b>Case Number:</b>	CM15-0133204		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 24-year-old male, who sustained an industrial injury on April 23, 2012. He reported cumulative trauma. The injured worker was diagnosed as having disc herniation with radiculopathy, displacement of lumbar intervertebral disc without myelopathy, lumbar sprain/strain and thoracic lumbar strain/sprain. Treatment to date has included surgery, injection, diagnostic studies and medication. On April 1, 2015, the injured worker noted that parts of his injury have worsened. He complained of pain in the right low back rated as a 7-8 on a 1-10 pain scale. A day after his recent epidural steroid injection, he went to the emergency room due to a severe increase in pain. The treatment plan included neurosurgeon evaluation, surgical consultation, medication and a follow-up visit. On June 10, 2015, Utilization Review modified a request for Oxycodone 10 mg #44 to Oxycodone 10 mg #40, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #44:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 AND Weaning of Medications, p. 124.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In addition, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, who had been using oxycodone 10 mg 1-2 pills per day for many months, there was insufficient reporting to show a full review including reported functional gains and pain reduction related to the oxycodone use to help justify its continuation. Regardless, previous reviews have only approved sufficient amounts to continue a wean with a recent approval being for 44 pills to last him supposedly one month. This request should reflect a continuation of a wean by at least 10% per month or so as tolerated. Therefore, the current request for #44 pills is too much and will be considered medically unnecessary as requested.