

<b>Case Number:</b>	CM15-0141403		
<b>Date Assigned:</b>	08/20/2015	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 57-year-old male, with a reported date of injury of 09-10-1996. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include chronic pain syndrome, left greater than right and left knee osteoarthritis. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included a urine drug screening on 04-07-2015 and 01-16-2015, with consistent findings. The progress report dated 06-26-2015 is handwritten and somewhat illegible. The report indicates that the injured worker stated that walking made the pain worse. The objective findings were illegible. The treatment plan included the increased prescription for Oxycodone (Oxycontin) 15mg. The injured worker's work status was not indicated. The progress report dated 06-05-2015 indicates that the injured worker's pain was rated 8 out of 10 with medications, and 10 out of 10 without medications. The treating physician requested Oxycontin 15mg #90, with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Oxycodone for an extended period without objective documentation of functional improvement or significant decrease in pain. This medication has been recommended for weaning in two prior reviews and the weaning process should have been completed at this point. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 15mg #90 with 1 refill is determined to not be medically necessary.