

<b>Case Number:</b>	CM15-0148459		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/15/2004
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 female who sustained an industrial injury on 7-15-2004. The details regarding the initial injury were not included in the documentation submitted for this review. Diagnoses include chronic pain, lumbar radiculopathy and cervical radiculopathy. There was report of increased neuropathy pain after chemotherapy treatment for breast cancer. Treatments to date include medication therapy and physical therapy. Currently, she complained of increased pain in the neck and low back and reported increased neuropathic pain after chemotherapy treatment for breast cancer. On 6/23/15 the physical examination documented decreased cervical and lumbar range of motion with muscle spasms noted. The medical records indicated a cervical surgery was on hold while treatment was completed for breast cancer. The plan of care included a prescription for Oxycodone 30mg, three to four tablets daily, #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg 3-4 a day #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30 mg 3 to 4 tablets per day #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are lumbar radiculopathy; and cervical radiculopathy. The date of injury is July 15, 2004. The request for authorization is June 26, 2015. Utilization review indicates oxycodone was described as far back as January 2014. Additional medications include Prilosec and gabapentin. Subjectively, according to the April 2, 2014 progress note, the injured worker complained of neck pain and left chest pain. There will multiple recommendations throughout the medical record (utilization review) to wean oxycodone. There was no attempt at weaning documented in the medical record. Additionally, the morphine equivalent dose (MED) was 180 (120 is normal). According to a urine drug screen dated July 31, 2015, the urine drug screen was inconsistent and negative for all opiates. The medical record documentation contains multiple reviews with recommended weaning. The treating provider continues to prescribe the same dose and frequency without evidence of attempted weaning. The documentation does not demonstrate objective functional improvement. The injured worker's pain score continues to be dramatically elevated. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, no attempt at weaning, no documentation demonstrating objective functional improvement and a persistently elevated pain score, Oxycodone 30 mg 3 to 4 tablets per day #100 is not medically necessary.