

<b>Case Number:</b>	CM15-0164701		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old male, who sustained an industrial injury on December 02, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left lumbar facet joint pain to the lumbar four to five and lumbar five to sacral one levels per facet joint medial branch block, left lumbar facet joint pain at lumbar three to sacral one level, lumbar facet joint arthropathy, central disc protrusion at lumbar five to sacral one with moderate right lumbar five neural foraminal stenosis, central disc protrusion at lumbar four to five, lumbar facet joint arthropathy, lumbar degenerative disc disease, and lumbar sprain and strain. Treatment and diagnostic studies to date has included medication regimen and above noted procedure. In a progress note dated July 08, 2015 the treating physician reports complaints of left low back pain that radiates to the left buttock. Examination reveals tenderness to the left lumbar paraspinal muscles, left lumbar three to sacral one facet joints, decreased range of motion to the lumbar spine with pain, positive lumbar discogenic and facet joint provocative maneuvers, positive Gaenslen's testing on the left, positive Patrick's maneuver on the left, and pressure to the sacral sulcus on the left. The injured worker's current medication regimen included Oxycodone with the treating physician noting that the Oxycodone provides 60% relief of pain with a 60% improvement in the injured worker's ability to perform his activities of daily living. The treating physician requested Oxycodone 30mg with a quantity of 180, noting current use of this medication as noted above.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids for chronic pain and Opioids, long-term assessment Page(s): 78-80 and 80-84 and 88-89.

**Decision rationale:** Oxycodone 30mg #180 is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear 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. There is no evidence to recommend one opioid over another. The MTUS additionally recommends clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation indicates that the patient takes Oxycodone 4 to 6 pills a day, 30mg three times daily which exceeds the 120mg oral morphine daily equivalents. The documentation indicates that the patient has been taking this for 3 years. The documentation indicates that the patient has been on long-term opioids for chronic low back pain which is not supported by the MTUS. The documentation indicates that the oxycodone provides 60% improvement in ability to perform activities of daily living and relief of pain, however the documentation indicate that the patient is temporarily totally disabled and there is no documentation a significant objective increase in function on long term opioids. The documentation indicates that the patient has hypogonadism and low testosterone from chronic narcotic use and the 5/21/15 document by urology recommends weaning off narcotics. The April 2015 urine toxicology was negative for prescribed oxycodone. Due to the fact that the patient remains TTD on high dose opioids, with side effects of hyponadism, no significant functional increase, and a recent inconsistent urine drug screen the request for Oxycodone is not medically necessary.