

<b>Case Number:</b>	CM15-0168443		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 04-29-2002. The injured worker is currently not working but able to work with modifications. Current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, myalgia and myositis, and other lumbar region disc disorder. Treatment and diagnostics to date has included participation in a functional restoration program, home exercise program, trigger point injections, MRI's, and use of medications. Current pain medications include Zanaflex, Ambien CR, Lidoderm patch, and Oxycodone. In a progress note dated 07-28-2015, the injured worker reported shoulder, arm, low back, leg, and thoracic back pain rated an 8 out of 10 pain level currently. The least pain level was reported as 5 out of 10 and worst pain level as 10 out of 10, which was noted as unchanged since her last visit. Objective findings included decreased cervical spine range of motion with tenderness to the paravertebral and trapezius muscles, mild loss of lumbar lordosis, and decreased lumbar spine range of motion with tender trigger points and tenderness over the lower facet joints. The Utilization Review report dated 08-19-2015 denied the request for Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/28/15, the patient presents with shoulder, arm, low back, leg, and thoracic back pain. Objective findings included decreased cervical spine range of motion with tenderness to the paravertebral and trapezius muscles, mild loss of lumbar lordosis, and decreased lumbar spine range of motion with tender trigger points and tenderness over the lower facet joints. Current medications include Zanaflex, Ambien CR, Lidoderm patch, and Oxycodone. The patient reports current pain as 8/10, 5/10 at best and 10/10 at worst. The patient reports that oral medications help control her upper and lower back pain. The patient has been utilizing Oxycodone since at least 01/26/15, and the treater is requesting a refill. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and discussions regarding possible aberrant behavior and side effects. The treater has not provided adequate documentation of medication efficacy to continue use. No UDS, CURES or opioid contract are provided, either. Given the lack of documentation as required by MTUS, the request is not medically necessary.