

<b>Case Number:</b>	CM15-0182240		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/25/2004
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 49 year old female, who sustained an industrial injury on 1-25-2004. The injured worker is undergoing treatment for acute musculoskeletal injury, chronic pain, cervicgia. Dates of service reviewed included: 9-12-2008 to 9-2-15. Current subjective findings reported: right upper extremity pain, neck pain and headaches. She rated her pain 8 out of 10 with no significant change in pain level noted from previous examination. Current physical examination revealed: tenderness of the cervical spine, right wrist and elbow, decreased cervical spine range of motion, decreased bilateral shoulder range of motion, decreased flexion of right elbow, decreased right wrist range of motion, positive Phalens and Tinnels, no significant changes from previous examination noted. The records do not discuss her current functional status. The treatment and diagnostic testing to date has included: ulnar nerve surgery, x-rays (November 2014) of the cervical spine, magnetic resonance imaging of the wrist and elbow are indicated to be greater than 4 years. Current medications listed: Exalgo, Tizanidine, Clonazepam, Cephalexin, Percocet, Lidoderm patches, Gabapentin, Naproxen, Baclofen, Norflex, diabetes and hypertension medications. The records indicate she has been utilizing opioids since at least January 2009, possibly longer. Current work status: temporarily totally disabled. The request for authorization is for: Oxycodone 10mg quantity 210, and liver panel test quantity 1. The UR dated 9-15-2015: modified certification of Oxycodone 10mg quantity 168, and approved liver panel test quantity 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg Qty 210: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 10mg #210 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 worker's working diagnoses are acute musculoskeletal injuries; chronic pain; and cervicalgia. Date of injury is January 25, 2004. Request for authorization is September 10, 2015. According to a progress note dated February 21, 2015, subjectively the injured worker complains of right upper extremity pain, cervical spine pain greater than 10 years. The treating provider references extended-release morphine sulfate (Exalgo). Exalgo is hydromorphone, not extended-release morphine sulfate. According to a progress note dated March 2, 2015, current medications include hydromorphone, norflex and Zanaflex. There is no clinical indication or rationale for two muscle relaxants. According to a progress note dated July 25, 2015, the treating provider again references time released morphine sulfate and hydromorphone (Exalgo). The treating provider references the two long-acting opiate interchangeably. These medications are not the same. According to a September 2, 2015 progress note, subjective complaints include ongoing right upper extremity pain and cervical spine pain 8/10. The documentation does not demonstrate objective functional improvement. The treating provider added oxycodone (Percocet) to the drug regimen. There is no clinical indication or rationale for an additional opiate. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the injured worker is taking extended release morphine sulfate/Exalgo (two different long acting opiates), no documentation demonstrating objective functional improvement and no subjective improvement based on VAS pain scores, oxycodone 10mg #210 is not medically necessary.