

<b>Case Number:</b>	CM15-0188099		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/29/1990
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 67 year old male who sustained an industrial injury on 08/29/1990. A review of the medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome and post lumbar laminectomy syndrome. The injured worker is status post lumbar fusion and spinal cord stimulator (SCS) implant (no dates documented). According to the treating physician's progress report on 09-02-2015, the injured worker continues to experience worsening low back pain with radiation to the bilateral lower extremities associated with weakness and numbness. The injured worker rated his pain at 7 out of 10 with medications and 10+ out of 10 without medications. The injured worker was noted to have an antalgic gait and ambulated with a cane. The lumbar spine revealed kyphosis with tenderness of the paraspinal region at L3 and iliolumbar area of L3-S1 bilaterally. Range of motion produced pain. There was decreased sensation bilaterally of the knees, medial, lateral and posterior legs, dorsum and soles of the feet. Prior treatments have included long-term use of opioid medications. Current medications were listed as Oxycodone, OxyContin IR, Neurontin, Flexeril, Robaxin, Omeprazole and Voltaren gel. Treatment plan consists of continuing with heat and ice, Neurontin at night, continuing with OxyContin IR and the current request for Oxycodone 15mg, #60 and Oxycodone 15mg, #60. On 09-03-2015 the Utilization Review determined the request for Oxycodone 15mg, #60 and Oxycodone 15mg, #60 was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg, #60: 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:** The 67 year old patient complains of worsening low back pain radiating to bilateral lower extremities along with weakness and numbness, as per progress report dated 09/02/15. The request is for Oxycodone 15mg, # 60. The RFA for this case is dated 09/02/15, and the patient's date of injury is 08/29/90. The patient is status post lumbar fusion, status post knee surgery, status post spinal cord stimulator removal, status post thyroid removal, and status post cholecystectomy, as per progress report dated 09/02/15. Diagnoses also included chronic pain syndrome, lumbar postlaminectomy syndrome, and work-related accident. Medications included Clobetasol cream, Levothyroxine, Cyclobenzaprine, Lisinopril, Methocarbamol, Neurontin, Nitrostat, Omeprazole, Oxycodone, Pantoprazole, Propranolol, Testosterone and Voltaren gel. The patient is not working, as per the same progress report. 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." In this case, a prescription for Oxycodone is first noted in progress report dated 02/04/15. The reports also document the use of Oxycontin. It is not clear when opioids were initiated. In progress report dated 05/06/15, the treater states that a year ago, the patient was taking 660 mg of Oxycodone daily. He has reduced the dose significantly since then and trialed the lowest dose of 15 mg Oxycodone and 40 mg Oxycontin. However, this led to deterioration of function and increase in pain. Hence, the treater increased the dose to "60 mg oxy ER BID plus 15 mg IR BID (which is only 150 mg of Oxycodone daily)." In progress report dated 07/01/15, the treater states that Oxycodone does help but Oxycontin was most helpful and its denial led to increase in back, leg and neck pain. As per the report, the patient is "less functional; he now walks less than half a block. No grocery shopping." While the patient can walk to the counter at the pharmacy and get back, he takes electric scooter at other places and is "more home bound." As per progress report dated 09/02/15, medications help reduce pain from 10+/10 to 7/10. The report also states that activities of daily living improve with medications. The treater reiterates that Oxycodone is helpful but discontinuation of Oxycontin has led to significant deterioration of function. While Oxycodone

appears to help to some extent, the treater does not document objective functional improvement due to its use. In fact, it appears that the patient's function has deteriorated in recent times. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Additionally, no UDS and CURES reports are available to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.

**Oxycodone 15mg, #60: Upheld**

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