

<b>Case Number:</b>	CM15-0189658		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/13/1992
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 62 year old male, who sustained an industrial injury on 4-13-1992. A review of the medical records indicates that the injured worker is undergoing treatment for chronic and persistent neck and low back pain, cervical and lumbar sprain-strain, lumbar spondylosis with radiculopathy, and multilevel lumbar neuroforaminal stenosis with compression of exiting L2 through L5 nerve roots per MRI. On 8-21-2015, the injured worker reported low back pain and right lower greater than left lower extremity pain, with electrical burning, numbness, tingling, and weakness in both lower extremities, referral of pain into the pelvic area including his testicles and buttocks, and bowel and bladder dysfunction as well as sexual dysfunction, unchanged since the 7-22-2015 visit. The Primary Treating Physician's report dated 8-21-2015, noted the injured worker reported attempting to use his cane less, trying to minimize his dependency on the cane. The injured worker's current medications were noted to include Oxycodone for moderate to severe pain and Cialis as needed for erectile dysfunction secondary to the injured worker's lumbar disease and extensive lumbar surgery, and Valium, Soma, and Medrox. The Physician noted the injured worker currently rated his pain at 6 out of 10 with the current medication, improved since the rating of 7 out of 10 on 7-22-2015, and 10 out of 10 without the medication, noting 40% improvement in pain levels as well as improvement in overall functional status. The injured worker reported the medications allowed him to participate in activities of daily living (ADLs) especially his self-care needs, and was able to participate in meaningful activities with his family, able to walk farther and lift light to medium weight objects with his medication. The injured worker denied any side effects of the medications. The

Physician noted the injured worker showed no evidence of drug seeking behavior, utilizing his medications as prescribed, has an opioid contract signed, and the urine drug screening showed compliance with prescribed medications. The injured worker was noted to have completed an opioid risk assessment profile and was noted to be found to be at low risk for opioid abuse. The physical examination was noted to show minimal spasms in the cervical spine and mild to moderate diffuse myofascial tenderness from L3 to S1 with decreased lumbar lordosis and positive lumbar facet sign. Per the Physician's note, prior treatments have included right knee surgery x3, right shoulder surgery, right elbow surgery, hernia repair, physical therapy with limited improvement noted, trial and failure of long acting pain medication such as Oxycontin and Opana ER, and history of epidural injections approximately 10 to 15 years ago. The treating physician indicates that a 7-22-2015 urine drug screen (UDS) was consistent with the prescribed medications, with Nordiazepam, Temazepam, Oxazepam, Alpha-Hydroxyalprazolam, and Meprobamate also detected, noted by the Physician to be consistent with the injured worker's use of medications on a nonindustrial basis. The treatment plan was noted to include prescriptions for Cialis and Oxycodone, prescribed since at least 3-20-2015, with the injured worker noted to be permanently disabled. The request for authorization dated 8-27-2015, requested Cialis 20mg, #15 and Oxycodone IR 30mg, #180. The Utilization Review (UR) dated 8-31-2015, certified the request for Cialis 20mg, #15 and modified the request for Oxycodone IR 30mg, #180 with approval for #120 and non-certification of the remaining #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone IR 30mg, #180:** Overturned

**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, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 7/22/15 it was noted that the injured worker reported 30% improvement in pain levels as well as improvement in overall functional status with his medications. He stated that he rated his pain 10/10 without medications, and 7/10 with medications. He stated that medications allow him to participate in his daily activities specifically his selfcare needs. He is able to participate in meaningful activities with his family. He states that he has found himself able to walk and stand for longer periods of time and has not needed any emergency room or urgent care visits. He states the pain has restricted his walking without medication, although with medication, he is

able to walk between 0.25 and 0.5 miles with the use of a cane. With regards to sitting without pain medication, pain prevents him from sitting for more than 10 minutes at a time but with medication, he is able to sit for at least 30 minutes at a time. He is also unable to stand more than 10 minutes at a time without medication. With medication, he can stand for up to 30 minutes at a time. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS was completed on 7/22/15 with results consistent with prescribed medications. CURES report was not available for review. While it is noted that the injured worker's morphine equivalent dose of 270 MED is above the guideline recommended 120 MED; the provider is board certified in pain medicine. Per the guidelines, the total daily dose of opioid may be increased above 120 mg oral morphine equivalents after pain management consultation. The request is medically necessary.