

<b>Case Number:</b>	CM15-0191970		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/16/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 43 year old male, who sustained an industrial injury on 7-16-07. He is diagnosed with lumbar-lumbosacral degenerative disc. He is not currently working. Notes dated 4-23-15 8-19-15 reveals the injured worker presented with complaints of neck and right shoulder pain. He also reports low back pain that radiates to the right leg accompanied by a burning sensation and leg weakness. He reports difficulty engaging in self-care and requires assistance. He is unable to lift heavy objects, endure prolonged walking, sitting and standing per questionnaire dated 6-9-15. Physical examinations dated 4-23-15 - 8-19-15 revealed limited neck range of motion and "cervical compression caused neck pain". His right shoulder has had recent surgery, incision is within normal limits and he is wearing a shoulder immobilizer. He has limited lumbar spine range of motion, he is unable to stand erect and he has sensory loss to the right "lateral calf and bottom of his foot". His Achilles reflex is absent and he has weakness in the right thigh flexion. There are muscle spasms in the lumbar trunk noted on palpation. "Bilateral straight leg raises caused right sided back pain that radiates into the right buttock and posterior thigh. Foot drop is noted in the right lower extremity and weakness in dorsi-flexion." Treatment to date has included right shoulder acromioplasty, shoulder immobilizer, medications; Oxycodone IR (greater than 3 years), Flexeril, Pamelor, Lyrica, Vesicare, Cialis, which reduces his pain level by 50%, and improves his ability to function and engage in activities of daily living, per note dated 8-19-15, spinal fusion with instrumentation and decompression and psychotherapy. Of note, the injured worker has a history of elevated liver enzymes secondary to fatty liver disease; therefore, he avoids Tylenol containing pain medication. Diagnostic studies

to date have included lumbar MRI, and an electrodiagnostic study revealed chronic S1 radiculopathy in the right leg per note dated 8-19-15. A request for authorization dated 8-24-15 for Oxycodone IR 15 mg #140 is modified to 70, per Utilization Review letter dated 9-4-15.

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

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

#### **Oxycodone IR (immediate release) 15 mg Qty 140: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids (Classification), Opioids, dosing.

**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 43 year old patient complains of neck pain, right shoulder pain, lower back pain radiating to right leg, along with burning sensation and weakness in his leg, as per progress report dated 08/19/15. The request is for Oxycodone IR (immediate release) 15 mg QTY 140. The RFA for this case is dated 08/24/15, and the patient's date of injury is 07/16/07. The patient is status post right shoulder surgery and still has sutures in place, as per progress report dated 08/19/15. The patient is also status post L5-S1 fusion and decompression with post-surgical MRI revealing severe stenosis at L4-5 along with radicular symptoms and weakness in right leg. Diagnoses also included urinary incontinence, erectile dysfunction, and depression. Medications included Oxycodone, Flexeril, Palmelor, Lyrica, VesiCare and Cialis. 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 08/06/12. It is not clear when the medication was initiated. As per progress report dated 08/19/15, the patient experiences 50% reduction in pain, functional improvement with activities of daily living with the medications versus not taking them at all. The treater also states that the patient has signed a narcotic contract and urine drug screens have been appropriate. In progress report dated 07/15/15, the treater indicates that medications help reduce pain from 10/10 to 4/10, and also keep the patient functional. In progress report dated 06/17/15, the treater reiterates that medications provide 50% functional improvement in activities of daily living, and the patient cannot function at all without them. The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with

specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that function should include social, physical, psychological, daily and work activities. No CURES report has been provided to address aberrant behavior. There is no discussion regarding side effects of Oxycodone as well. 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.