

<b>Case Number:</b>	CM15-0195716		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on 4-10-06. The injured worker is being treated for left sided thoracic facet mediated pain, bilateral knee pain, recent fall and thoracic myofascial pain. On 9-9-15, the injured worker complained of chronic mid back pain and bilateral knee pain. She reported that her pain is very manageable with medications; Oxycodone IR was very well tolerated reduces pain form 8-9 out of 10 to 4 out of 10 and duration lasts 4-6 hours. Also, she reported that with the use of medications she is able to perform chores around the house and run errands. Work status is noted to be disabled. On 9-9-15 physical exam revealed female in some mild distress, left shoulder tenderness at acromioclavicular joint with limited range of motion of left shoulder, mild effusions of bilateral knees, edema and erythema of bilateral lower extremities with tenderness on palpation of bilateral knees. Treatment to date has included radiofrequency ablation, oral medications including Percocet, Clonazepam, Flexeril, Gabapentin, Ibuprofen 800mg and Oxycodone IR 15mg (since 3-2015); physical therapy and activity modifications. Documentation does not include urine drug screen. On 9-10-15 request for authorization was submitted for Gabapentin 300mg #120, Ibuprofen 800mg #30 and Oxycodone IR 15mg #180. On 9-17-15 request for Oxycodone IR 15mg #180 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 15 mg tab, 1-2 tabs every 4-6 hours as needed #180 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 4-10-06. The injured worker is being treated for left sided thoracic facet mediated pain, bilateral knee pain, recent fall and thoracic myofascial pain. Treatments have included radiofrequency ablation, oral medications including Percocet, Clonazepam, Flexeril, Gabapentin, Ibuprofen 800mg and Oxycodone IR 15mg (since 3-2015); physical therapy and activity modifications. The medical records provided for review do not indicate a medical necessity for Oxycodone IR 15 mg tab, 1-2 tabs every 4-6 hours as needed #180 with 1 refill. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. When used for more than six months, the MTUS recommends documenting pain and functional improvement in a numerical value and comparing with baseline every six months. The MTUS recommends against the use of more than 120 morphine equivalents of morphine in a day. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of opioids predates 02/2014, the report indicates the medication helps in improving her activities of daily living and her pain level. The records also, indicates the injured worker is taking about 135 morphine equivalents in a day. Consequently, although the injured worker appears to be benefiting from the medication, this is at the expense of more than the recommended daily use of opioids; therefore, at the risk of increased adverse effects. Besides, there is no indication the treatment if following the recommendation for long term re-assessment. The request is not medically necessary.