

<b>Case Number:</b>	CM15-0196223		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Family Practice

### 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 48-year-old, male who sustained a work related injury on 1-19-06. A review of the medical records shows he is being treated for lower back pain. Treatments have included physical therapy, TENS unit therapy, compounded medications, oral medications, lumbar spine surgery, spinal cord stimulator, psychotherapy, aquatic therapy, and home exercises. Current medications include Nexium and Roxicodone. There is no indication how long he has been taking the Oxycodone. There is insufficient documentation on the effectiveness of the Oxycodone to relieve his pain or if it is helping to improve his functional capabilities. In the Initial Pain Management Consultation dated 6-24-15, he reports low back pain. He rates the pain a 7 out of 10. He reports that his pain has "slightly decreased" since last visit. He reports pain shoots down both legs. He reports numbness, tingling, weakness and heaviness in legs. He has right foot drop. In the objective findings dated 6-24-15, he has tenderness to palpation and paralumbar spasms on the right side of low back. He has decreased range of motion in lumbar spine. He is not working. The treatment plan includes a request for TENS unit therapy in this progress note. There is no request for the Oxycodone in the requested treatment in this progress note. In the Utilization Review dated 8-31-15, the requested treatment of Oxycodone 30mg #300 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg, #40: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Oxycodone. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. "There is insufficient documentation of the 4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with oxycodone is not considered as medically necessary.