

<b>Case Number:</b>	CM15-0196712		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/05/2015
<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: Arizona, 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:

This is a 47-year-old female with a date of injury of January 20, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease and left upper extremity neuropathy. Medical records dated August 18, 2015 indicate that the injured worker complained of neck pain and migraines. A progress note dated September 11, 2015 documented complaints of persistent neck pain and neuropathy in both arms. The injured worker's work status was not documented in the submitted records. The handwritten physical exam dated August 18, 2015 reveals tremor of the right hand, and decreased range of motion of the cervical spine with arm pain. Portions of the note were difficult to decipher. The progress note dated September 11, 2015 documented a physical examination that showed poor effort with giveway weakness with motor testing, positive Hoffman's bilaterally, and able to heel, toe, and tandem walk without difficulty. Treatment has included cervical spine fusion, twelve sessions of physical therapy, aqua therapy, epidural steroid injections with approximately one month of relief, and medications (Neurontin 300mg two capsules three times a day and Remeron 30mg daily since at least October of 2014; Oxycodone 30mg every six hours, Methadone HCL 10mg four times a day, and Prilosec 20mg twice a day since at least June of 2015). Urine drug screen results were not documented in the submitted records. The original utilization review (October 5, 2015) non-certified a request for Oxycodone HCL 30mg #90.

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

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

**Oxycodone HCl 30mg, per 9/18/15 order Qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids for over a year including prior use of Oxymorphone. There was no mention of Tylenol, Tricyclic or weaning failure. Recent reduction of VAS scores with medications was not note. No one opioid is superior to another. The continued use of short acting opioids such as Oxycodone is not medically necessary.