

<b>Case Number:</b>	CM15-0199123		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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:

The injured worker is a 49 year old male who sustained an industrial injury on 12-18-14. Diagnoses are noted as sprain-strain lumbar-unspecified, thoracic strain, headaches, upper extremity numbness, cervical strain, occipital neuralgia with migraines, residual of bilateral knee contusions, and pain induced depression and anxiety. In an evaluation-periodic report and request for authorization dated 9-11-15, the physician notes objective findings of the cervical spine are reported as trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles, produced local twitch responses to compression and referred pain to the posterior scapula and neck. Tenderness of the thoracic spine and lumbar spine are reported. The left and right knee exam notes joint tenderness, decreased extension, effusion, bilaterally and crepitus and medial McMurray's on the right. Topiramate is noted to have reduced neuralgia in the legs and Horizant nightly will be prescribed to reduce neuralgia in the shoulder. Celebrex was prescribed at the last evaluation. It is reported that physical activity has increased due to current medications and he was able to ride a bicycle for 3 hours in the past. Hysingla 80mg is noted to have partly decreased the severity of pain and Nucynta ER was previously prescribed but not filled. "Oxycodone 10-325mg 1 tablet 4 times a day will be refilled at today's evaluation 120 units as he states his car was vandalized and his medication and money were stolen from his car." The record reflects a police report was filed 9-10-15 and the officer badge number is recorded as well. It is reported that with the analgesic medication the individual has continued to be more mobile and better able to perform activities of daily living as well as volunteer. Activities of daily living are reported to be still limited by the severity of his chronic pain, but continue to be tolerated with his current medications as noted (with and without medications): remain out of bed (6 hours with, half hour without), walk (4 hours, 1 hour), sit (120

minutes, 30 minutes), stand (60 minutes, 30 minutes), fold laundry (30 minutes, 0 minutes), shower (15 minutes, 0 minutes), and therapeutic exercise (120 minutes, 0 minutes). It is reported that prolonged cycling has increased his strength but aggravated knee pain and swelling. An opioid contract is noted as signed 5-7-15. Previous treatment includes at least 18 visits of physical therapy, at least 1 session of cognitive behavioral therapy, home exercise, and medication. On 9-22-15, the requested treatment of Oxycodone 10-325mg #120 was non-certified.

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

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

**Oxycodone 10/325mg #120:** Upheld

**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 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 Hydrocodone and Oxycodone intermittently in the past. No one opioid is superior to another. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain scores were not provided to justify the need. The continued use of Oxycodone is not medically necessary.