

<b>Case Number:</b>	CM15-0207271		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 46 year old male, who sustained an industrial injury on 08-09-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for fracture of the right lower extremity and a twisting back injury. Medical records (04-16-2015 to 09-21-2015) indicate ongoing low back and right leg pain. Pain levels were rated 7-8 out of 10 in severity on a visual analog scale (VAS), but for the last few months his pain has been rated 7-10 out of 10 due to not having his pain medication. Records also indicate no changes in pain levels, activity levels and level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-21-2015, revealed diffuse pain in the low back around the scar and the axial spine from L3-S1, length discrepancy between the right thigh and left thigh, and weakness in the right leg compared to the left. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (oxycodone since at least 04-2015). A recent (09-21-2015) urine drug screening indicated inconsistent results as the oxycodone that the IW was prescribed was not found in his system. However, it was also reported that the IW had been out of the country for the past 3 months and ran out of his medications. The request for authorization (10-01-2015) shows that the following medication was requested: retrospective oxycodone hydrochloride 30mg #120 DOS: 09-21-2015. The original utilization review (10-09-2015) non-certified the request for retrospective oxycodone hydrochloride 30mg #120 DOS: 09-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Oxycodone Hydrochloride 30mg quantity 120 DOS 9-21-15: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of oxycodone nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 8/14/15, it was noted that the injured worker rated pain with medication 6-7/10 and 9/10 without medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 9/23/15 was negative for prescribed oxycodone. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.