

<b>Case Number:</b>	CM15-0207897		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/03/2000
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40 year old male, who sustained an industrial injury on 7-3-2000. The injured worker was being treated for lumbago, lumbar post-laminectomy syndrome, and lumbosacral disc degeneration. The injured worker (3-30-2015) reported ongoing lower back pain. The injured worker (7-1-2015) reported ongoing low back and leg pain. The injured worker also reported anxiety and depression. The physical exam (3-30-2015 and 7-1-2015) revealed tenderness at the lumbar spine and facet joint and decreased flexion, extension, and lateral bending. The injured worker (9-3-2015) reported ongoing low back pain causing right lower extremity pain and weakness. The injured worker also reported anxiety and depression. The treating physician noted "I do not see he has been placed on a weaning program." The activities of daily living flow sheet (9-3-2015) indicated the injured worker was able to cook, do laundry, shop, bathe, dress, medication management, drive, brush teeth, and toilet. The medical records show the subjective pain ratings of 8 out of 10 with medications on 3-30-2015, 7 out of 10 with medications and 10 out of 10 without medications on 7-1-2015, and 5 out of 10 with medications and 9 out of 10 without medications on 9-3-2015. The physical exam (9-3-2015) revealed marked weakness at lumbar 5, pain to palpation at the midline of the lumbar spine, paraspinal area, and bilateral facet joint. The treating physician noted right lower extremity atrophy and sacral 1 dermatome numbness. Per the treating physician (9-3-2015 report), a signed pain contract was on file. The urine drug screen (3-30-2015) indicated positive results for Morphine, Hydrocodone, Norhydrocodone, Hydromorphone, Nordiazepam, Oxazepam, and Temazepam. Treatment has included lumbar epidurals and medications including pain (Avinza, Norco), muscle relaxant, anti-anxiety, and non-steroidal anti-inflammatory. Per the treating physician (9-3-2015 report), the injured worker was working with work modifications. The treatment plan included stopping Avinza and starting MSER (Morphine Sulfate extended release). On 10-9-2015, the original utilization review non-certified a request for Oxycodone 30mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain.

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2000 while working as a delivery driver and lifting a television. He continues to be treated for low back and lower extremity pain. He has a history of two lumbar spine surgeries. In April 2015 he had pain rated at 8/10 with medications. Avinza and Norco were being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. When seen in September 2015 he was having difficulty filling his medications which was causing stress. He had previously done well with epidural injections. He was noted to be working. Medications are referenced as decreasing pain from 9/10 to 6/10 and allowing a better quality of life. Physical examination findings included a body weight of nearly 250 pounds. He had pain with flexion. There was lower extremity atrophy and weakness. He had midline and paraspinal pain with palpation. Avinza was discontinued and extended release morphine was prescribed at the same MED. Now being requested is authorization for Oxycodone 30 mg #180. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is now two times that recommended and was increased from 180 mg per day to 240 mg per day without explanation and whether other opioid medications including a sustained release medication are being prescribed is unknown. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Prescribing Oxycodone at this dose is not considered medically necessary.