

<b>Case Number:</b>	CM15-0212576		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 57 year old female, who sustained an industrial injury on June 26, 1997, incurring low back, left shoulder and knee injuries. She was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy, left shoulder rotator cuff tear and SLAP lesion. Treatment included anti-inflammatory drugs, pain medications, knee injections, antidepressants, sleep aides and muscle relaxants, epidural steroid injection, shoulder immobilizer restricted activities. She underwent three left knee surgeries in 2011 and one right knee surgery. She also underwent a surgical left shoulder rotator cuff repair and debridement and a lumbar laminectomy and fusion. In 2013, a lumbar Magnetic Resonance Imaging revealed lumbar facet hypertrophy and disc herniation. Currently, the injured worker complained of persistent lower back pain radiating to the legs and continued left shoulder pain. She rated her pain 9 on a pain scale from 1 to 9 with medications and 10 without medications. She noted increased back spasms and difficulty with chores and activities of daily living. Her activity level decreased and she had difficulty sleeping. She was diagnosed with lumbar spondylosis, disc protrusions and continued lumbar radiculopathy. The treatment plan that was requested for authorization included a prescription for Oxycodone HCL 5 mg #90. On October 5, 2015, a request for a prescription for Oxycodone was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL Cap 5 mg q 4-6hrs PRN breakthrough Pain (Max 4/day) #90: Upheld**

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

**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.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 1997 and continues to be treated for bilateral knee, left shoulder, and low back pain. She has a history of a left total knee replacement with revision. An MRI of the lumbar spine in May 2015 included findings of multilevel disc protrusions with facet arthritis and severe loss of disc height at L4/5 with moderate foraminal narrowing and endplate edema. A lumbar decompression and fusion is being recommended. When seen in September 2015 medications were decreasing pain from 10/10 to 9/10. Physical examination findings included appearing fatigued and in mild pain. She had an antalgic gait and was using a cane. There was decreased lumbar extension with pain and facet loading was positive. There was sacroiliac spine tenderness. Right shoulder Hawkins, Speeds, and drop arm tests were positive. There was restricted and painful left shoulder range of motion. There was a mild left knee joint effusion. Straight leg raising was positive bilaterally. Oxycodone was being prescribed. The total MED (morphine equivalent dose) was up to 30 mg per day. Oxycodone is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing what is considered a clinically significant decrease in pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing at this dose is not medically necessary.