

<b>Case Number:</b>	CM15-0214588		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 65 year old male, who sustained an industrial injury on 12-14-2009. He has reported injury to the neck, right shoulder, bilateral knees, and low back. The diagnoses have included cervical musculoligamentous sprain-strain; status post right shoulder arthroscopic repair; lumbar disc disease; lumbar radiculopathy; and status post bilateral knee arthropathy with residual on the left. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Oxycodone and Gabapentin. A progress report from the treating provider, dated 07-10-2015, documented an evaluation with the injured worker. The injured worker reported cervical spine, right shoulder, lumbar spine, and bilateral knee pain, which he rates at 5 out of 10 in intensity on the pain scale; the pain has remained unchanged since his last visit; he has been taking his medication regularly and tolerates them well; and he states that his medications are helping with his pain. Objective findings included he is in no apparent distress; gait is antalgic on the left; heel-toe walk exacerbates the antalgic gait on the left; there is spasm and tightness noted over the lumbar paravertebral muscles; sacroiliac tenderness, Fabere's, and sacroiliac thrust tests are positive on the right and left; Yeoman's test is positive on the right; there are well-healed surgical scars on the bilateral knees; there is moderate right hip pain over the greater trochanter; there is left knee pain, anteriorly and posteriorly; lumbar spine ranges of motion are decreased; there is decreased sensation in the right L3, 14, and L5 dermatomes; and there is evidence of motor weakness with knee extensors, big toe extensors, and foot evertors. The treatment plan has included the request for Oxycodone 10mg, #120 (prescription dated 07-30-15). The original utilization review, dated 10-07-2015, non-certified the request for Oxycodone 10mg, #120 (prescription dated 07-30-15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg, #120 (Prescription dated 7/30/15): 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 for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there was a lack of objective evidence of functional improvement with the prior use of Oxycodone. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 10mg, #120 (prescription dated 7/30/15) is determined to not be medically necessary.