

<b>Case Number:</b>	CM15-0215463		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: North Carolina

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 50 year old male, who sustained an industrial injury on 11-18-2014. He has reported injury to the low back and left ankle. The diagnoses have included lumbar degenerative disc disease, multilevel, with left-sided radiculopathy; cervical degenerative disc disease, multilevel, with left-sided radiculopathy; extensive left-sided myofascial findings; anterior tibialis muscle injury with multiple trigger points; and sleep disturbance. Treatment to date has included medications, diagnostics, activity modification, and trigger point injections. Medications have included Oxycodone, Naproxen, Xanax, Mirtazapine, and Omeprazole. A progress note from the treating physician, dated 09-22-2015, documented a follow-up visit with the injured worker. The injured worker reported that he has had excellent relief from the trigger point injections and the anterior tibialis muscle; he is still having problems with headaches; he feels that of all the medications that he has tried so far, the Norco has worked the best; the Hysingla was not approved; the Oxycodone and the OxyContin are actually upsetting his stomach; the pain medications are definitely helping for his pain, but not enough and with side effects; and with the Xanax he sleeps some at night, but he wakes up multiple times. Objective findings included decreased range of motion of the left ankle; decreased sensory findings in the left leg over L3, L4, L5, and S1; he has significant weakness in the left ankle and knee; his left hip is weak as well; there is pain at the left sacroiliac joint with left-sided facet provocation; there is pain with range of motion of the lumbar spine; he has multiple tender and painful trigger points along the upper trapezius muscle; his grip strength is reduced on the left side; he has motor weakness in the left elbow and the left shoulder; and the left tibialis muscle is more

relaxed. The treatment plan has included the request for Oxycodone 30mg #300 30 day supply. The original utilization review, dated 10-27-2015, non-certified the request for Oxycodone 30mg #300 30 day supply.

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

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

**Oxycodone 30mg #300 30 day supply:** 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.

**Decision rationale:** The California MTUS states:When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.