

<b>Case Number:</b>	CM15-0221923		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	01/08/1990
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 1-8-90. The injured worker was diagnosed as having pain right shoulder; postlaminectomy syndrome; lumbar region radiculopathy; low back pain; spondylosis without myelopathy or radiculopathy-lumbar region. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (2-24-14). Currently, the PR-2 notes dated 10-7-15 indicated the injured worker complains of low back pain and right shoulder pain. The provider notes "Patient rates his pain with medications as 4 on a scale of 1 to 10. Patient rates his pain without medications as 9 on a scale of 1 to 10. Quality of sleep is poor. Activity level remains same. Pain is stable since his last visit. He reports that his insurance is trying to settle his case and he was evaluated by a shoulder surgeon per the request of the insurance company." Current medications are listed as: Oxycodone 15mg tab, Viagra 100mg tab, Naprosyn 500mg tab, Pennsaid 2% solution; Neurontin 300mg capsule, Flomax 0.4mg capsule, and Metformin. The injured worker has a surgical history for 2 level lumbar fusion L4-L5 and L5-S1 (1999). He has stopped taking medications "methadone due to side effects and Ultram due to its limited efficacy". The provider notes "He states that the medial branch block (MMB) provided him with nearly 100% relieve for a day. He reports the right shoulder continues to cause him a lot of pain findings it difficult to find a comfortable sleeping position due to his shoulder and back pain". A right shoulder surgery for rotator cuff tear has been denied. The provider's treatment plan is a request for medications refills including Oxycodone. He notes the injured worker "is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and

activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with patient." PR-2 note dated 8-2-15 indicated the injured worker was prescribed Oxycodone at that time. The provider documented "patient is in the office today for lower backache and right shoulder pain. Patient rates his pain with medications as 6 on a scale of 1 to 10. Patient rates his pain without medications as 8 on a scale of 1 to 10. No new problems or side-effects. Quality of sleep is poor. Activity level has remained the same." A Request for Authorization is dated 10-30-15. A Utilization Review letter is dated 10-14-15 and MODIFIED THE CERTIFICATION for Oxycodone 15mg #120 to allow #100 only. A request for authorization has been received for Oxycodone 15mg #120.

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

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

#### **Oxycodone 15mg #120: Upheld**

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

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

**Decision rationale:** The patient presents with recent complaints of low back pain and shoulder pain. The current request is for Oxycodone 15mg #120. Oxycodone is an opioid pain medication. An opioid is sometimes called a narcotic. The treating physician states in the treating report dated 10/7/15 (20B), Oxycodone PRN for pain. Feels with med he can perform house tasks a little easier. He is independent with ADL's with help of meds. ROMS is improved and muscle tightness less with meds. He is open to taper of med once shoulder is addressed and condition improved. For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is a minimal discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is sparse to no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.