

<b>Case Number:</b>	CM15-0039069		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/06/2000
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: California  
 Certification(s)/Specialty: Internal 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 52-year-old male, who sustained an industrial injury on 12/6/00. He reported low back injury. The injured worker was diagnosed as having unspecified thoracic/lumbar neuritis/radiculitis, adhesive capsulitis shoulder, pain in thoracic spine and pain in shoulder joint and tarsal tunnel syndrome. Treatment to date has included physical therapy, laminectomy, tarsal tunnel release, opioids and home exercise program. Currently, the injured worker complains of shoulder and hand symptoms. Physical exam dated 2/4/15 noted right shoulder tenderness in the anterior aspect and AC joint and right hand has some tenderness in the carpal tunnel area, he has a good grip, however the right is somewhat stronger than the left. The treatment plan is to continue medications, home exercises and ice/heat. He states he is managing well on his current medications, which include Norco, Percocet, Soma and Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg # 300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 47-48, 308-310, 376-377, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Recommend that dosing not exceed 120 mg oral morphine equivalents per day. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back and ankle conditions. The treating physician's progress report dated 1/19/15 documented chronic low back pain and ankle pain. Medications included Norco 10/325 mg four times daily, Oxycodone IR 15 mg one to two tablets four times per day, Valium 10 mg, and Ambien. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back and ankle conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The opioid regimen exceeds MTUS dosing recommendations. The request for Oxycodone 15 mg #300 is not supported by MTUS & ACOEM guidelines. Therefore, the request for Oxycodone 15 mg #300 is not medically necessary.