

<b>Case Number:</b>	CM15-0053985		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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 49 year old male, who sustained an industrial injury on March 7, 2008. The injured worker was diagnosed as having post cervical laminectomy, cervical radiculopathy, cervicgia, lumbar spondylosis, lumbar degenerative disc disease (DDD) and thoracic or lumbar radiculopathy. Treatment and diagnostic studies to date have included numerous cervical surgeries, injection and many medications. A progress note dated February 4, 2015 provides the injured worker complains of neck and back pain. He describes it as sharp, tingling and agonizing. He reports it is relieved only by lying down and medication. He also reports his sleep is disturbed due to pain. It is noted the labs appear to show aberrant drug taking behavior. Physical exam notes the injured worker to be in acute distress with occasional jerking. The plan includes addiction consult, medication and continued weaning process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #206:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the neck and back. The current request is for Oxycodone 10mg #206. The treating physician report dated 3/4/15 (246B) states, "02/04/15: [REDACTED] found several indicators of aberrant drug taking behavior, including taking medications from [REDACTED] office, positive hydrocodone (not prescribed by my office) and THC in his UDS of 1/5/15. Began wean of opiates and RFA for addiction consultation". MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking Oxycodone since at least 7/21/14. The report dated 3/4/15 notes that the patient's pain has increased since the last visit and is a 10/10 while on current medication. In this case, aberrant behavior was noted by the physician and weaning of the patient's opiates was initiated. Furthermore, the patient's last urine drug screen was inconsistent and his pain level has increased while on the current medication. The MTUS guidelines require thorough documentation of the 4 A's and chronic opiate usage requires documentation of analgesia and improvement in ADLs and function. The current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.