

<b>Case Number:</b>	CM15-0055538		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 60 year old male, who sustained an industrial injury on 6/10/2013. The current diagnoses are right cervical radiculopathy with sensory loss, L4-5 and L5-S1 stenosis, right leg radiculopathy with weakness, right shoulder impingement syndrome with acromioclavicular degenerative joint disease, right greater trochanteric bursitis, and right knee lateral meniscal tear, status post partial lateral meniscectomy. According to the progress report dated 2/24/2015, the injured worker complains of ongoing neck pain with radiation down the mid scapular region and bilateral upper extremities associated with numbness. Additionally, he reports low back pain with radiation down the buttocks and bilateral lower extremities associated with numbness. The pain is rated 8/10 with medications and 9/10 without. The current medications are Oxycodone, Prilosec, and Atorvastatin. Treatment to date has included medication management, MRI, electrodiagnostic studies, physical therapy, cervical epidural steroid injection (2/23/2015), L4-5 and L5-S1 nerve root block, and surgical intervention to the right knee. The plan of care includes Oxycodone, Prilosec, TENS unit purchase, MRI scan of the left shoulder, right greater trochanter corticosteroid injection, pain management consultation, diagnostic facet blocks at L4-5, and random urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg 1 tab po every four hours as needed #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 06/10/2013 and presents with dyspepsia, lower back pain that radiates down the right lower extremity, and neck pain that radiates down the bilateral shoulders, mid scapular region, down the right upper extremity with complaints of numbness in both arms. The request is for OXYCODONE 10 mg 1 tablet p.o. every 4 hours as needed #180. The RFA is dated 02/24/2015 and the patient is on temporary total disability until 03/02/2015. The patient has been taking oxycodone as early as 12/08/2014. For chronic opiate use in general, MTUS Guidelines pages 88 and 89 state, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. On 12/08/2014, the patient rates his pain as an 8/10 with medications and a 9/10 without medications. "In regards to medications, the patient meets the 4As of pain management including good analgesic effects with his current medication regimen, increased activities of daily living with the use medications, no significant adverse side effects, and no concern for aberrant behavior. The patient is consistent with follow-up care and does have a current pain contract on file with our office." On 01/19/2015 and 02/24/15, the patient rates his pain as a 7/10 with medications and a 9/10 without medications. "The patient is consistent with follow-up care and does have a current pain contract on file with our office." Although the treater provides before-and-after medication pain scales as well as a discussion on aberrant behaviors/side effects, not all of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any examples of specific ADLs, which demonstrate medication efficacy. The patient does have a pain contract on file and had a urine drug screen on 01/19/2015 which was inconsistent with his prescribed medications. In this case, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, the patient is not compliant with his prescribed medications. The requested oxycodone is not medically necessary.