

<b>Case Number:</b>	CM15-0061056		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/08/2004
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 59-year-old male, who sustained an industrial injury on September 8, 2004. The injured worker was diagnosed as having lefts tibia fracture, left knee replacement X2, left knee neuropathy with foot drop, back pain, leg length discrepancy, lumbar disc degeneration, spondylosis and stenosis, possible lumbar radiculopathy and chronic opioid use. Treatment and diagnostic studies to date have included multiple knee surgeries. A progress note dated February 9, 2015 provides the injured worker complains of cramping of the left calf and left knee pain. Physical exam notes ambulation with cane, atrophy of left lower leg, weakness and decreased sensation. The plan includes medication and possible further diagnostic tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg 90 30 days DOS: 2/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

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

**Decision rationale:** Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case, the patient has been receiving oxycodone since at least December 2014 and has obtained 50% analgesia. There is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.