

<b>Case Number:</b>	CM14-0125698		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41-year-old female who sustained an injury on 09/23/09. On 05/15/14, she complained of developing left hip pain from being in altered gait and scooter. She takes her medications without any problems and has had moderate relief and no side effects. She had increased pain in the left leg, which had been extending up into the left side of the body to the left shoulder, and left arm with sweating. On exam, she utilized rolling knee scooter. There was Aircast on left foot and ankle. Left ankle was swollen. Positive allodynia was noted. Straight leg raise was negative. Sensation was increased in the left knee and calf. She had a CT scan of her left foot. It was not fusing; there was a crack. She is status post-surgery x6 (non-fusion), and ■■■■■ performed new fusion on 01/22/14. Current medications include Voltaren ointment, oxycodone 30 mg, Prilosec 20 mg and Lyrica 75 mg. She is status post lumbar epidural sympathetic injection on 05/20/13 with 90% pain relief in left lower extremity and medication use has decreased by 30% and on 07/01/14 with 75% pain relief in legs and medication use has decreased by 20%. Diagnoses include complex regional pain syndrome (CRPS) left leg, status post lumbar sympathetic injection and obesity. There was no documentation of use of oxycodone and its impact. The request for Oxycodone Hydrochloride tab 30mg #90 no refills was denied on 07/18/14. The request for Oxycodone Hydrochloride tab 30mg #120 no refills was modified to Oxycodone Hydrochloride tab 30mg #90 no refills on 07/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Hydrochloride tab 30mg #120 for Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 16,68,75,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 92.

**Decision rationale:** Oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. The CA MTUS Guidelines indicate "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 non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of return to work. There is no record of urine drug test in order to monitor compliance. There is no evidence of alternative therapy such as home exercise program. Furthermore, long-acting opioids are recommended (instead of high dose short-acting opioids) when continuous around the clock pain relief is desired. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Oxycodone 30mg # 120 has not been established.