

<b>Case Number:</b>	CM14-0160559		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male with a reported date of injury on 02/09/1998. The mechanism of injury was not reported. His diagnoses included status-post anterior L4-5 fusion, status-post fusion of C5-6 and C6-7, and status-post rotator cuff repair and pain at his shoulder joint. His past treatments included medications, surgery, epidural steroid injections and bilateral intra-articular shoulder injections, and therapy. On 08/07/2014, the injured worker complained of neck, low back, shoulder, and left lower extremity pain, as well as depression, anxiety, disruption of sleep and excessive diaphoresis. The injured worker reported a pain level of 5/10 with medications and 8/10 without medications, an increase in activities of daily living with medications, rated 5/10 with and without medications 8/10, and it was noted that he had no aberrant behavior. However, it was also noted that he reported increasing diaphoresis which worsened within a half hour of taking Oxycodone. This adverse effects was attributed to Oxycodone use and it was noted that he would be switched to Hydromorphone. His current medications were noted to be Bupropion HCl 150mg once a day, Buspirone 7.5mg twice a day as needed, Fioricet 50-325-40 mg once a day as needed, Omeprazole 20mg once a day, Oxycodone 10-325 mg every four hours as needed for pain, Temazepam 30mg 1-2 capsules at bedtime, and Venlafaxine 75mg three times a day. The treatment plan included the discontinuation of Oxycodone and the initiation of Hydromorphone 8 mg every 4 hours #150 by mouth. A request was received for Oxycodone 15 mg, #180. There was no rationale provided. The Request for Authorization Form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
When to Discontinue Opioids/When to Continue Opioids/Opioids, do.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids/Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The request for Oxycodone 15 mg, #180 is not medically necessary. His medications were noted to decrease pain from 8/10 to 5/10 and to increase his activities of daily living. He was also noted to have no aberrant behavior. However, he was also noted to have significant adverse effects with a resultant plan to discontinue Oxycodone. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status appropriate medication use, and side effects. The documentation submitted for review indicates that the use of Oxycodone has decreased pain and increased function. However, the documentation indicated that there was a plan to stop the Oxycodone due to increased diaphoresis with use, so clarification is needed regarding the request. Additionally, the request, as submitted, did not specify a frequency of use. Based on the above, the request is not medically necessary.