

<b>Case Number:</b>	CM14-0082021		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 59-year old female who reported an injury on 03/25/2009. The mechanism of injury was not specified. Her diagnoses included lumbar radiculopathy, post laminectomy syndrome; status post failed 2 level fusion, chronic pain syndrome, prescription narcotic dependence, myofascial syndrome, neuropathic pain, depressive anxiety related to chronic pain, and insomnia related to chronic pain. Her diagnostics and previous treatments were not provided. She had a 2 level fusion in 2009. On 08/29/2014 the injured worker reported that her pain level was 10/10 even with her medications. Her pain score since the last visit was 7-10/10; without pain medications her pain score was 10/10 and with the pain medications it was 10/10. She complained of severe left hip pain with numbness and tingling in her toes and her tongue. She reported she had been taking 9 Oxycodone per day for breakthrough pain even though her prescription was for 3 tablets per day. The physician noted the injured worker was in severe distress. Her medications included Oxycontin 80mg 3 times daily, Oxycodone 10mg 1 tablet every 6 hours as needed for breakthrough pain, and Cymbalta 60mg 1 tablet daily. Her urine drug screen on 08/01/2014 was noted to be positive for Morphine, Oxycodone, and Oxymorphone. She was going to start a detoxification program soon for her chronic pain medication use. The treatment plan was for Oxycodone Hcl 10mg and Oxycontin 60mg. The rationale for the request was so that the medication could help for breakthrough pain and severe pain. The request for authorization form was submitted on 08/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCL 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** Based on the clinical information submitted for review, the request for Oxycodone Hcl 10mg is not medically necessary. As stated in California MTUS Guidelines, Oxycodone is a short acting opioid that is used to control intermittent or breakthrough chronic pain. It should be prescribed using the lowest possible dose to improve function and pain. There should be ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported severe left hip pain. At the time of the visit on 08/29/2014, her pain was 10/10 even with her medications. The injured worker reported she had been taking 9 Oxycodone per day for breakthrough pain even though she was only ordered to take 3 tablets per day. The guidelines indicate that there should be ongoing documentation of appropriate medication use; however it was noted that she reported taking 9 tablets of Oxycodone per day when she was only ordered to take 3 times per day. Furthermore, the recommended total daily morphine equivalent dose should be no more than 120mg, but her calculated dose was 420mg per day. Also, it was unclear as to how the medication was helping the injured worker with functioning if her pain level was 10/10 with or without her medications. The request failed to specify the frequency of the medication and how many tablets are being requested. As such, the request for Oxycodone Hcl 10mg is not medically necessary.

**OXYCONTIN 60MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** Based on the clinical information submitted for review, the request for Oxycodone 60mg is not medically necessary. As stated in California MTUS Guidelines, Oxycodone is a short acting opioid that is used to control intermittent or breakthrough chronic pain. It should be prescribed using the lowest possible dose to improve function and pain. There should be ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported severe left hip pain. At the time of the visit on 08/29/2014, her pain was 10/10 even with her medications. The injured worker reported she had been taking 9 Oxycodone per day for breakthrough pain even though she was only ordered to take 3 tablets per day. The guidelines indicate that there should be ongoing documentation of appropriate medication use; however it was noted that she reported taking 9 tablets of Oxycodone per day when she was only ordered to take 3 times per day. Furthermore, the recommended total daily morphine equivalent dose should be no more than 120mg, but her calculated dose was 420mg per day. Also, it was unclear as to how the medication was helping

the injured worker with functioning if her pain level was 10/10 with or without her medications. The request failed to specify the frequency of the medication and how many tablets are being requested. As such, the request for Oxycontin 60mg is not medically necessary.