

<b>Case Number:</b>	CM14-0211453		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/04/2007
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal 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 employee was a 63 year old male who sustained an injury on 10/04/07 after being struck by a moving tractor. His diagnoses included chronic pain syndrome, peripheral polyneuropathy, cervical and thoracic degenerative disc disease, cervicothoracic sprain, bilateral shoulder strain, lumbar strain and was status post left shoulder arthroscopy/repair of a rotator cuff tear. Urine drug screen from 11/24/14 was positive for oxymorphone, oxycodone and benzodiazepines. The note from 11/20/14 was reviewed. Subjective complaints included increased pain and muscle tightness with the colder weather, especially in both shoulders. He also had bilateral hand and bilateral knee pain at 8-10/10. His current medications included Colace, Lidoderm, Oxycontin 80mg every 6 hours, Trazodone, Baclofen, Oxycodone 30mg every 6 hours, Prozac, Topamax, Amitiza and Effexor. Diagnoses included status post left shoulder arthroscopy and status post left knee arthroscopy. He was reported to be stable on his medications for an extended period of time. His pain was decreased and his function was improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He had no side effects of medications and no aberrant drug behaviors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 30mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 77-80.

**Decision rationale:** The employee was a 63 year old male who sustained an injury on 10/04/07 after being struck by a moving tractor. His diagnoses included chronic pain syndrome, peripheral polyneuropathy, cervical and thoracic degenerative disc disease, cervicothoracic sprain, bilateral shoulder strain, lumbar strain and was status post left shoulder arthroscopy/repair of a rotator cuff tear. Urine drug screen from 11/24/14 was positive for oxymorphone, oxycodone and benzodiazepines. The note from 11/20/14 was reviewed. Subjective complaints included increased pain and muscle tightness with the colder weather, especially in both shoulders. He also had bilateral hand and bilateral knee pain at 8-10/10. His current medications included Colace, Lidoderm, Oxycontin 80mg every 6 hours, Trazodone, Baclofen, Oxycodone 30mg every 6 hours, Prozac, Topamax, Amitiza and Effexor. Diagnoses included status post left shoulder arthroscopy and status post left knee arthroscopy. He was reported to be stable on his medications for an extended period of time. His pain was decreased and his function was improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He had no side effects of medications and no aberrant drug behaviors. The employee was being treated for chronic pain syndrome. He had been treated with Oxycontin and Oxycodone with functional improvement and decreased pain. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. The employee had high doses of opioids after consultation with pain management. He also had documented improvement of pain and functional improvement with pain medications. Hence the request for ongoing use of Oxycodone 30mg is medically necessary and appropriate.