

<b>Case Number:</b>	CM15-0009816		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/27/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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  
 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 injured worker is a 51 year old male who sustained a work related injury on June 27, 2003, where he incurred neck, back and shoulder injuries. Diagnoses included cervical spine discopathy, right shoulder impingement syndrome, and lumbar discopathy. Treatment included a right shoulder arthroscope and a cervical fusion, transdermal creams for pain relief, and pain medications. Currently, in December, 2014, the injured worker returns to the physician's office with ongoing pain to his neck, shoulder and low back. He complained of pain and numbness in the right lower extremity. On January 27, 2015, a request for one prescription of Oxycodone 30mg #120 was modified to one prescription of Oxycodone 30 mg #18 by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Oxycodone 30mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS- Opioids for treatment of chronic pain Page(s): 91-97 ( pdf format).

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Oxycodone and Norco. Per California MTUS Guidelines, short-acting opioids such as Oxycodone are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The claimant has continued pain despite the use of two short acting opioid medications. Per the documentation the Oxycodone should be weaned from the current dose according to the opioid weaning protocol. There is no indication for both Oxycodone and Norco therapy. Medical necessity for Oxycodone at the requested the requested dose and quantity has not been established. The requested treatment is not medically necessary.