

<b>Case Number:</b>	CM15-0116860		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/02/2002
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Pennsylvania  
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 63 year old female who sustained an industrial injury on 10/2/02. She reported left knee pain, left low back pain and bilateral ankle pain as well as left knee pain after tripping and striking her left side. The injured worker was diagnosed as having late effects of traumatic brain injury (TBI), osteoarthritis of left knee, lumbar radiculopathy, chronic low back pain, major depression, right total knee replacement, lumbar spine degenerative disc disease, facet joint arthropathy and continued opioid drug use. Treatment to date has included right knee arthroplasty, pain management, chiropractic treatments, oral medications including Oxycodone, Wellbutrin and Lorazepam, viscosupplementation of left knee, transforaminal epidural injections, physical therapy, home exercise program and activity restrictions. The records indicate that the injured worker retired in 2005 and has not returned to work since that time. The records submitted indicate use of opioids as far back as 2012. A urine drug screen on 1/15/15 was negative for opioids and positive for marijuana metabolite; these findings were not addressed by the treating physician. The treating physician did document use of marijuana in multiple progress notes. Currently, the injured worker complains of continued pain in back and legs with shooting pain down the legs. She notes 50% improvement in pain with chiropractic treatment and Oxycodone is working very well for her, Lorazepam helps with her anxiety and cognition remains clearer off Gabapentin. On 5/21/15, she rated her pain as 8/10 on a bad day and 4/10 on a good day; previously she rated good day as 6/10 and bad day as 9/10. Physical exam noted diffuse tenderness of neck, upper back, arms and chest, with tenderness and stiffness with range of motion; exam of lumbar/sacral spine revealed a trace scoliosis, increased end range of motion

stiffness/tenderness, tightness/tenderness of right lumbosacral paraspinals, tenderness of the sciatic, femoral, tibial and peroneal nerves bilaterally with diffuse tenderness of muscles of lower legs and an antalgic gait. Physical exam of the right knee revealed clicking sensation during flexion and status post total knee arthroplasty and physical exam of left knee revealed moderate to severe tenderness with moderate crepitation during range of motion. The treatment plan included continuation of home exercise program, ice therapy and continuation of current medications. A request for authorization was submitted for Gabapentin 300mg and Oxycodone 10mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 10mg Qty 90.00:** 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 medications for chronic pain, Opioids Page(s): 60, 74-96.

**Decision rationale:** According to CA MTUS guidelines, long term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. The injured worker stated Oxycodone was working very well for her. She noted pain level of 4/10 on a good day and 8/10 on a bad day, the documentation does not state if this is with or without medications. A detailed pain assessment was not submitted. She also noted improvement in pain with chiropractic treatment, there is no information to support improvement in pain or function due to Oxycodone usage. The injured worker has been prescribed opioids for greater than two years. The records indicate that the injured worker has not returned to work, and there was no discussion of improvement in specific activities of daily living as a result of use of oxycodone. The MTUS also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. A urine drug screen on 1/15/15 was negative for opioids (which were prescribed) and positive for marijuana metabolite. The records clearly indicate inconsistent urine drug test and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. For these reasons, the request for Oxycodone is not medically necessary.