

<b>Case Number:</b>	CM15-0116934		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/22/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male who sustained a work related injury May 6, 2009. Past history included diabetes mellitus, right knee arthroscopy May 2010, right knee surgery 2011, and right elbow surgery. According to a primary treating physician's progress report, dated April 13, 2015, the injured worker presented for re-evaluation of bilateral low back pain, right elbow pain, and bilateral knee pain. Physical examination reveals; 5'10" 245 pounds, clicking, popping, buckling of the right knee, tenderness on palpation of the right elbow, right knee, and lumbar paraspinal muscles. Lumbar, thoracic, right elbow and right knee range of motion were restricted by pain in all directions. Lumbar discogenic, thoracic, right elbow, and right knee provocative maneuvers were positive and positive lumbar spasms. There is decreased balance in heel and toe walking. His gait is antalgic and he uses a cane for ambulation. Diagnoses are right elbow derangement; right knee internal derangement, s/p surgery; right knee meniscal tear; right paracentral disc protrusion L5-S1 3 mm displacing the right S1 nerve root; lumbar degenerative disc disease; lumbar facet joint arthropathy. Treatment plan included an up to date opioid contract and notation of a consistent urine drug screen. He was provided a prescription for Oxycodone, Carisoprodol, and OxyContin. He was also dispensed Oxycodone 10/325mg #60. At issue, is the retrospective request for authorization of Oxycodone dispensed at the April 13, 2015, office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Oxycodone 10/325 mg #60 dispensed in the office 4/13/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in May 2009 and continues to be treated for low back, right elbow, and bilateral knee pain. Medications are referenced as decreasing pain by 40% with improved activities of daily living. When seen, there was tenderness and lumbar muscle spasms. There was an antalgic gait using a cane. There was decreased lower extremity strength. Medications included OxyContin and oxycodone at a total MED (morphine equivalent dose) of over 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.