

<b>Case Number:</b>	CM15-0119824		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old male who sustained an industrial injury on 02/09/1998. Mechanism of injury was not documented. Diagnoses include chronic pain syndrome, lumbago, disorders of bursae and tendons in the shoulder region, bicipital tenosynovitis, cervicalgia, neck sprain, long term use of other medications, and HIV. Treatment to date has included diagnostic studies, medications, use of a back brace, home exercises and use of a heating pad. Medications include Oxycodone, Morphine Sulfate, and Zanaflex, and human immunodeficiency virus medications. A physician progress note dated 03/05/2015 documents the injured worker complains of chronic low back pain, which is incapacitating at times, a stiff neck and right shoulder stiffness. He is on chronic opiate use. His pain level is 3 to 6 on a scale of 0 to 10. He has a normal but slow gait. Lumbar range of motion is restricted with stiffness. There was moderate deep tenderness in bilateral lumbo-sacral-iliac junctions and very tight paralumbar muscles. There was fullness of bilateral thoracic and lumbar paraspinal muscles with significant tenderness of the trigger points. Straight leg raise was negative. The treatment plan includes refilling of MS Contin 60mg 3 tabs every 8 hours, then 150 tabs in March. It was agreed for a gradual wean of the MS Contin. The plan is to taper one pill per day per month of the MS Contin, and then later the Oxycodone. Tizanidine and urine toxicology screen and follow up in 1 month. Treatment requested is for Oxycodone 20mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no documentation of significant pain improvement with previous use of opioids. In addition, the patient has been using marijuana besides the opiates. There is no justification of continuous use of Oxycodone. Therefore, the prescription of Oxycodone 20mg #120 is not medically necessary.