

<b>Case Number:</b>	CM15-0170537		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/30/2002
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on 5-30-2002. The medical records submitted for this review did not include documentation of the details regarding the initial injury. Diagnoses include painful left total knee replacement and end-stage osteoarthritis of the right knee, lumbago, failed back surgery with radiculopathy, and muscle spasm, status post lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. On 7-2-15, the provider documented current medication included Tramadol ER 3mg per day, Hydrocodone two to three tablets a day for breakthrough pain, and Cyclobenzaprine. The physical examination documented tenderness in bilateral knees and the lumbar spine with limited range of motion. The plan of care included dispensing Tramadol ER 150mg, two tablets daily #60, dispensing Naproxen Sodium, 550mg #90, and prescriptions for Pantoprazole 20mg, and Soma, and Ambien and a urine toxicology screen. Currently, he complained of ongoing pain in bilateral knees. The records indicated he was pending approval of a left knee re-vision of total knee replacement and right knee total knee replacement. Additionally, he reported ongoing low back pain with radiation to left lower extremity. The records documented current medications included Oxycodone 15mg four tablets per day and Tramadol 100mg ER once daily with decreased pain and increased functional ability. On 7-27-15, the physical examination documented tenderness to lumbar region and with range of motion. There was diffuse tenderness with swelling in the right knee. The plan of care included ongoing medical management with Tramadol and Oxycodone HCL as previously

prescribed. The appeal requested authorization for Oxycodone 15mg #120 prescribed on 7-27-15 and Urine Drug Screen collected 7-27-15. The Utilization Review dated 8-3-15, denied the request based on the documentation submitted indicating a discrepancy between providers ordering opioids and the medications tested in the urine drug screen did not support that California MTUS Guidelines had been met.

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

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

#### **Oxycodone 15mg #120 prescribed on 7/27/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol and Norco for several months with persistent pain. No one opioid is superior to another. There was no mention of Tylenol, or weaning failure. Long-term use of short-acting opioids is not recommended. The continued use of Oxycodone on 7/27/15 was not medically necessary.

#### **Retrospective urine drug screen collected on 7/27/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen on 7/27/15 was not medically necessary.