

<b>Case Number:</b>	CM15-0176767		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California, Indiana, 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 was a 57 year old female, who sustained an industrial injury, June 26, 1997. According to progress note of August 14, 2015, the injured worker's chief complaint was pain 8 out of 10 with pain medications and 10 out of 10 without medications, with poor quality of sleep. The physical exam noted the lumbar spine was restricted with extension limited to 10 degrees limited by pain but normal flexion. The lumbar facet loading was positive on both sides. The straight leg raises were negative. The tenderness noted over the sacroiliac spine. The injured worker had an antalgic gait and walked with a cane. The injured worker was undergoing treatment for disc herniation at L4-L5 with NF impingement bilaterally, severe degenerative disc disease, disc desiccation at the L5-S1 level, small protrusions at L4 and L5, tiny annular fissure at L3-L4 and lumbar radiculopathy. The injured worker previously received the following treatments Oxycodone 5mg every 4-6 hours as needed for breakthrough pain since March 27, 2015, lumbar spine MRI on May 26, 2015, left knee x-rays on June 25, 2015, Wellbutrin, Oxycodone, Robaxin, Ambien, Meclizine, Triamterene. The RFA (request for authorization) dated August 14, 2015, the following treatments were requested prescription for Oxycodone HCL 5mg every 4-6 hours as needed for breakthrough pain (max of 4 per day) #90. The UR (utilization review board) denied certification on August 25, 2015, the recommendation for Oxycodone HCL 5mg every 4-6 hours as needed for breakthrough pain (max of 4 per day) #60 for weaning off over the next three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 5 MG Every 4-6 Hours As Needed Breakthrough Pain (Max 4/Day) #90:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004,  
Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability  
Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone HCl 5 mg Q 4 to 6 hours as needed for breakthrough pain, maximum four tablets per day #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post revision total knee arthroplasty; and lumbar radiculopathy. Date of injury is June 26, 1997. Request for authorization is August 18, 2015. The injured worker underwent revision total knee arthroplasty July 24, 2014. Oxycodone 5 mg was prescribed for breakthrough pain in the postoperative period. According to a progress note dated February 27, 2014, medications include oxycodone 5 mg one PO Q 4 to 6 hours for breakthrough pain. Pain is 6/10. According to the most recent progress note dated August 14, 2015, the treating provider refill oxycodone 5 mg with the same instructions one PO Q 4 to 6 hours for breakthrough pain. Subjectively, the injured worker does not specify low back pain from knee pain. Pain score was now 8/10. Objectively, range of motion was decreased due to pain. Motor examination was limited by pain. Lumbar spine range of motion is restricted with flexion and extension. Straight leg raising was negative. There is no documentation demonstrating objective functional improvement to support ongoing Oxycodone 5 mg. On March 7, 2014, a urine drug toxicology screen was inconsistent for Ambien. There are no detailed pain assessments or risk assessments in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement over a 15 month period, Oxycodone HCl 5 mg Q 4 to 6 hours as needed for breakthrough pain, maximum four tablets per day #90 is not medically necessary.