

<b>Case Number:</b>	CM15-0179359		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male who sustained an injury on 4-15-09 resulting when he struck his left knee on the corner of a unit. Diagnoses since the injury include chronic left knee pain; status post meniscal cleanout repair on 6-28-11; chronic right knee pain; bilateral ankle pain; bilateral shoulder pain; anxiety and depression due to chronic pain and chronic low back pain. He has ongoing bilateral knee and ankle pain and as noted on 6-26-15 he is managing his symptoms with medication and brings the pain levels down from 7 out of 10 to 4 out of 10. He was able to walk around a little longer with the medications for at least 30 minutes at a time. Medications listed include Oxycodone 30 mg 1 tablet three times a day; do not fill until 6-1-15; Prilosec 20 mg; Trazodone 50 mg and Colace 100 mg. He is still having a satisfactory response with the medications and a second prescription for Oxycodone 30 mg #90 was written with instructions do not fill until 7-26-15. He was on modified work status. On 7-27-15, the records indicate Oxycodone 30 mg #90 modified to #45 (prescribed on 6-26-15). The medical records include urine drug screening done on 1-12-15 showed consist results. The progress report on 8-21-15 indicates he has ongoing bilateral knee and ankle pain and is doing well with his current medication with no adverse effects or aberrant behaviors. The pain level is rated the same with medications. He is able to stand and walk for twice as long with the medication. Objective findings reveal no significant change and Oxycodone 30 mg tablets three times a day #90 with a second prescription for #90 with a do not refill date of 9-21-15. Current requested treatments Oxycodone tab 30 mg #90 three times a day. Utilization review 9-4-15 requested treatment

recommended modifying prescription by 10%-20% per week over a weaning period of 2-3-months.

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

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

**Oxycodone 30mg, #90 (3x a day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, criteria for use.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, Page 79, 80 and 88 of 127. Key case points are as follows. The claimant was injured in 2009 with chronic left knee pain; status post meniscal clean out repair on 6-28-11; chronic right knee pain; bilateral ankle pain; bilateral shoulder pain; anxiety and depression due to chronic pain and chronic low back pain. Medication brings the pain levels down from 7 out of 10 to 4 out of 10. He was able to walk around a little longer with the medications for at least 30 minutes at a time. A second prescription for Oxycodone 30 mg #90 was written with instructions do not fill until 7-26-15 He was on modified work status. On 7-27-15, the records indicate Oxycodone 30 mg #90 modified to #45 (prescribed on 6-26-15). Objective findings reveal no significant change. Utilization review 9-4-15 requested treatment recommended modifying prescription by 10%-20% per week over a weaning period of 2-3- months. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the request is not medically necessary.