

<b>Case Number:</b>	CM15-0042354		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/01/1993
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 62 year old male, who sustained an industrial injury on 6/1/93. He reported neck, back and hand pain. The injured worker was diagnosed as having status post L4-5 posterior lumbar decompression with posterior stabilization, anterior/posterior cervical fusion C2-T1, lumbar radiculopathy, bilateral rotator cuff tear, history of Brown-Sequard syndrome, degenerative scoliosis, left lower extremity edema, status post left great toe debridement, dysphasia and thoracic aneurysm. Treatment to date has included surgery to bilateral hands, injections to his neck and back, physical therapy, home exercise program and oral medications including narcotics. Currently, the injured worker complains of constant pain in low back radiating to legs; neck pain radiating to arms; bilateral shoulder pain with use of arms and knee pain with difficulty walking. Progress note dated 2/6/15 noted the treatment plan to include current medications with Oxycodone decreased for weaning purposes and additional office visits every 1-2 weeks to monitor weaning. He continues to have ongoing pain from multiple locations and has reduced his use of Oxycodone considerably.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 clear documentation for the need for continuous use of Oxycodone. There is no documentation of functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. As a matter of fact, it has been reported that independent physicians who did evaluate the patient suggested that he was overdosing on his medication. Based on the above, the prescription of Oxycodone 15mg #240 is not medically necessary.