

<b>Case Number:</b>	CM15-0067208		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44-year-old male, who sustained an industrial injury on 3/1/12. He reported pain in the neck, right shoulder and right arm due to a slip and fall. The injured worker was diagnosed as having chronic cervical sprain, cervical myospasm, cervical radiculopathy and status-post right shoulder surgery. Treatment to date has included physical therapy, cervical epidural injection, chiropractic treatments and pain medications. As of the PR2 dated 2/9/15, the injured worker reports 5/10 pain in the neck. The treating physician noted tenderness to palpation in the cervical paraspinal muscles. On 3/9/15, the injured worker rated his neck pain a 6/10. The treating physician requested to continue Oxycodone 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone cap 10mg, qty 60 day, supply 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 79-80, 86, 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Oxycodone cap 10mg, qty 60 day, supply 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant functional improvement. Without evidence of efficacy of oxycodone and without documentation of prescribing opioids according to the MTUS Guidelines, the request for oxycodone is not medically necessary.