

<b>Case Number:</b>	CM15-0083228		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/24/2006
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 46-year-old female, with a reported date of injury of 07-24-2006. The diagnoses include lumbar degenerative disc disease at L4-5 and L5-S1, lumbar radiculopathy of the bilateral lower extremities, cervical degenerative disc disease, neck pain, lumbar facet arthrosis, and cervical radiculopathy. Treatments and evaluation to date have included Tramadol, Norco, Pennsaid, Flector patch, Lidoderm, Neurontin, lumbar transforaminal epidural steroid injection on 06-24-2014, and trigger point injection. According to the medical reports, the diagnostic studies to date have included an MRI of the lumbar spine which showed L4-5 disc protrusion and annular tear and facet osteoarthritis. The progress report dated 03-24-2015 indicates that the injured worker complained of low back pain with radiation to her bilateral legs. She continued to have severe left-sided cervical pain. Her pain rating without medication was 10 out of 10 and with medications was 6 out of 10. On 02-24-2015, the injured worker rated her pain 10 out of 10 without medications and 5-6 out of 10 with medications. The injured worker reported that her pain significantly impaired her overall functioning and ability to perform tasks around the house. She also reported that her recent pain had gotten so bad that she was unable to do any activities. The physical examination showed a slow and stiff gait; cervical flexion at 70% and extension at 50%; moderate tenderness and spasm with light palpation over the posterior cervical area and bilateral trapezius, and levator scapulae; moderate tenderness and tightness bilaterally midway to the hips and less so across the lumbosacral area; positive right straight leg raise bilaterally; some hypoesthesia and dysesthesia in the posterior thighs and calves and minimally in the left medial aspect of the left upper extremity. The treating physician indicated

that the injured worker has needed to take large quantities of opiates to control her severe pain levels and would like to have a trial of Butrans patch and another trigger point injection. The treatment plan included Oxycodone, 1-2 tablets three to four times a day as needed for severe pain. The medication was started on 03-24-2015. The injured worker's work status was not indicated. The treating physician requested Oxycodone 15mg #120. On 04-03-2015, Utilization Review non-certified the request for Oxycodone 15mg #120.

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

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

#### **Oxycodone 15mg #120: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.