

<b>Case Number:</b>	CM15-0093537		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 59-year-old male, who sustained an industrial injury on 9/12/2002. Diagnoses include chronic back pain, leg pain, knee arthritis, and foot drop, and degenerative joint disease, status post lumbosacral spine surgery with multiple significant complications including pulmonary emboli, postoperative bleeding, lower extremity pain paresthesias and weakness. Treatment to date has included knee injections and medications including Lexapro, Trazodone, and Oxycodone. Per the Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker reported being more functional and active than last year after knee injections which have helped. Pain is rated as 4-5/10 at its best and 7-8/10 at its worst. Physical examination revealed an antalgic gait and bilateral foot drop. He has bilateral AFOs and bilateral hand canes. The plan of care included medications and authorization was requested for Oxycodone 15mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-87.

**Decision rationale:** This patient receives treatment for chronic pain involving the lower back, lower extremities, and knees. This relates back to a work-related injury on 09/12/2002. The patient on exam has a bilateral foot drop and an antalgic gait. This review addresses a refill of oxycodone 15 mg 6 tablets a day po. Oxycodone 15 mg taken 6 times a day is a 135 morphine equivalent dose (MED). The treatment guidelines caution prescribers not to exceed an MED of 120. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with oxycodone is not medically necessary.