

<b>Case Number:</b>	CM13-0009064		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44-year-old female injured on February 06, 2013. The records indicate ongoing complaints of low back pain. The patient has a history of a failed lumbar spine surgery; for which ultimately a spinal cord stimulator was placed; and the patient unfortunately developed an infection in September of 2012, for which surgery took place via an irrigation and debridement. Recent clinical records for review include a 06/17/2013 assessment where the patient was noted to be with continued low back and radiating left leg pain, utilizing medications in the form of Ambien, Zanaflex and oxycodone. Physical examination showed a positive straight leg raise and "patchy" sensory change to the left lower extremity in a non-documented dermatomal fashion. Recommendations at that time were for a continuation of conservative care, including therapy and injections. At present, there is a request for the continuation of narcotic medication in the form of oxycodone 30 mg tablets 1 tablet 4 times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Oxycodone 30mg, 1 tab 4 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of short-acting narcotic analgesics in this case cannot be indicated. The California MTUS states that there should be ongoing review of the 4A's addressing analgesia, activities of daily living, adverse effects and aberrant drug-taking behaviors. The patient is greater than 10 years from injury with a recent clinical assessment failing to demonstrate significant benefit with the current medication regimen or significant physical examination findings that would indicate the need for the continued use of prescription medications. The California MTUS Guidelines indicate the discontinuation of short-acting narcotic analgesics if documentation of functional benefit and improvement is not noted. The request for 120 tablets of Oxycodone 30mg, 1 tab four times a day, is not medically necessary and appropriate.