

<b>Case Number:</b>	CM13-0010482		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/16/1998
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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 injured worker is a 49-year-old who reported an injury on September 16, 1998 secondary to an unknown mechanism of injury. His diagnoses include lumbar disc protrusion, lumbar facet joint arthropathy, lumbar facet joint pain, lumbar stenosis, and lumbar degenerative disc disease. The injured worker has been treated previously with facet injections and a radiofrequency ablation, as well as a permanent spinal cord stimulator implant. The injured worker has also been treated with physical therapy, cognitive behavioral therapy, and a home exercise program. The injured worker was evaluated on October 10, 2013 and reported low back pain of unknown severity radiating to the left buttock, left lateral thigh, and left posterior calf. On physical examination, the injured worker was noted to have positive lumbar facet joint provocative maneuvers, a positive straight leg raise on the left, tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-5 facet joints, normal muscle strength, and normal reflexes bilaterally. His current medications were noted to include OxyContin 60 mg 3 times daily, oxycodone 30 mg every 6 hours as needed, and Soma 350 mg 3 times daily as needed. According to a cumulative drug screen report, the injured worker has used oxycodone since at least July 17, 2012. According to a comprehensive physician review dated September 17, 2013, it was noted that the primary treating provider indicated a desire to wean the injured worker off all opioid medications. It was also noted that oxycodone was weaned from use 4 times per day to use 2 times per day. The most recent urine drug screen was collected on November 12, 2013 and was consistent with the injured worker's use of oxycodone. A request was submitted for oxycodone 30 mg, one tab every six hours as needed. The documentation submitted for review failed to provide a Request for Authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 30MG, 1 TAB Q6 HRS PM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The documentation submitted for review indicates that the injured worker has used oxycodone since at least July 17, 2012. There is a lack of recent documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of oxycodone. Therefore, it is unclear that the injured worker would benefit from continued use of oxycodone. Additionally, it was noted that the injured worker was being actively weaned off all opioids. It was noted that oxycodone was weaned from use four times per day to use two times per day. The most recent clinical note fails to provide a rationale for increasing oxycodone use to its original frequency of four times per day. Additionally, the request as written does not include a quantity. Therefore, it is unclear that the request allows for timely reassessment of medication efficacy. There is insufficient evidence to establish the necessity of oxycodone use at this time. The request for Oxycodone 30mg is not medically necessary or appropriate.