

<b>Case Number:</b>	CM13-0017701		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/24/2007
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Occupational Medicine, 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 51-year-old female with a work injury on February 24, 2007. The patient was injured due to repetitive bending and lifting. The patient has a pain rating of 7/10. The diagnosis is displacement of intervertebral disc without myelopathy. She has positive facet tenderness and increase in pain with extension of the spine. She also has bilateral SI joint tenderness. Medications include Percocet, omeprazole, Flexeril, Senna, Terocin cream and Zofran. The patient had L5-S1 replacement surgery and a lumbar epidural steroid injection. Progress note dated 8/27/13 indicates the patient has 7-8/10. The report states that chiropractic treatment has increased her activity and helped her walk and stand longer. Also, the patient is being treated for hypokalemia. The patient has continued nausea and constipation. UDS on 8/2013 was positive for acetaminophen only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

**Decision rationale:** CA MTUS Chronic pain guidelines are specific with regards to opioid treatment. MTUS/Chronic Pain Medical Treatment Guidelines for chronic pain note that a satisfactory response to treatment may be indicated by the individual's decreased pain, increased level of function, or improved quality of life. The medical records provided for review contain documentation that the employee suffers from chronic pain. The medical reports indicate the patient still has pain and there is no indication of improved function. (Records show that chiropractic treatments have increased function) The reporting does not give the needed information requested by MTUS for continued opioid use. The MTUS Chronic Pain Guidelines indicate short acting opioids are appropriate for breakthrough pain when used with other analgesics such as acetaminophen or aspirin. For chronic relief greater than 16 weeks the efficacy is unclear. There is no indication the patient is on other analgesics to use this medication for breakthrough pain. The medical records reviewed do not indicate use of this medication with substantial difference indicated on the pain scale. The documents do not show that the patient has met criteria for continued opioid use such as increased function and decreased pain. Therefore, continued use of oxycodone is not appropriate.