

<b>Case Number:</b>	CM13-0053240		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2001
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with date of injury 10/21/01. The treating physician report dated 9/16/13 indicates that the patient presents with pain affecting the lower back, right shoulder, bilateral lower extremities and depression. The current diagnoses are: Joint pain shoulder, Lumbar radiculopathy, Myalgia and myositis NOS, and post laminectomy syndrome. The utilization review report dated 10/1/13 denied the request for Oxycodone-Acetaminophen 10/325mg #240 based on a combined MED of 300.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OXYCODONE-ACETAMINOPHEN 10-325MG #240:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines on Long.

**Decision rationale:** The patient presents with chronic pain affecting primarily the lumbar spine and bilateral lower extremities s/p lumbar laminectomy. The current request is for Oxycodone-

Acetaminophen 10/325mg #240. The treating physician report dated 9/16/13 states, "Pain level with medications 5/10, Pain level without medications 10/10, Activity level with medications 3/10, Activity level without medications 0/10. As noted she continues to get improvements in pain and function which are significant and allow her to complete activities of daily living around the house including yard work, self care, and communication, personal interaction, housework." The MTUS guidelines specifically address the use of opioids and the criteria for their usage. MTUS pgs 88, 89 recommends documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). The treating physician notes that the patient has a signed opiate agreement, an opioid risk tool has been applied to the patient, urine toxicology screens have been appropriate and there are no red flags for possible medication misuse or aberrant behavior. The documentation provided is in compliance with the MTUS guidelines. Recommendation is for authorization.