

<b>Case Number:</b>	CM13-0065168		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic pain syndrome, chronic low back pain, and chronic left shoulder pain reportedly associated with an industrial injury of December 21, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; muscle relaxant; psychotropic medications; Synvisc injections to the knee; and the imposition impairment of work restrictions. In a Utilization Review Report dated November 1, 2013, the claims administrator denied a request for oxycodone, stating that the documentation on file was lacking and did not reportedly establish appropriate benefit with oxycodone. The applicant's attorney subsequently appealed. A May 13, 2013 progress note is notable for comments that the applicant reports moderate-to-severe low back pain. The applicant stated she is able to do simple chores around the home and do minimal activities outside of the home twice weekly. It was stated that the applicant was able to perform these minimal functions either with or without the medications. The applicant was described as using Ambien, Tenormin, Flexeril, Fosamax, Lidoderm, Prilosec, Prozac, Soma, Desyrel, and Xanax as of that point in time. An October 21, 2013 progress note is notable for comments that the applicant reports worsening low back pain. The applicant was described using Ambien, Tenormin, Flexeril, Fosamax, Humira, oxycodone-acetaminophen, Lidoderm, Motrin, prednisolone, Compazine, Prozac, Soma, Desyrel, and Xanax as of that point in time. The applicant was having issues with depression and headache, and was further noted. Permanent work restrictions were renewed. The applicant was apparently not working with the medication. The applicant was described as reporting 9/10 pain without medications and 8/10 pain with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE:** Upheld

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

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

**Decision rationale:** The request in question represents a renewal request for oxycodone. As noted in the Chronic Pain Medical Treatment Guidelines, however, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is only achieving minimal to negligible analgesia, from 9/10 to 8/10 with opioid therapy. The applicant is apparently not working with permanent limitations in place. The applicant's ability to perform activities of daily living does not appear to inappreciably ameliorated, as a result of ongoing oxycodone usage. It does not appear, on balance, any of the three criteria set forth on page 80 of the Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy with oxycodone has seemingly been appeared. The request for oxycodone is not medically necessary or appropriate.