

<b>Case Number:</b>	CM14-0101135		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/18/1995
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 55-year-old female who has submitted a claim for lumbar spine strain with degenerative arthritis and lumbar spondylolisthesis associated with an industrial injury date of September 18, 1995. Medical records from 2008 and 2011 were reviewed. No recent progress reports were provided. Based on a Orthopedic Qualified Medical Re-evaluation dated November 12, 2008, the patient complained of low back pain rated 8/10, radiating up to the shoulders and down to the buttocks and legs. Numbness in the right, and sometimes in the left leg, were also reported. Physical examination showed tenderness over the bilateral lumbar paraspinal muscles and anterior superior iliac spine on the left; limitation of motion of the lumbar spine; diminished sensation at the right lower extremity in the medial calf and at the medial and lateral foot to pinwheel and light touch; and +3 patellar and Achilles tendon reflexes bilaterally. The diagnoses were right knee sprain, resolved; narcotic dependence; lumbar spine strain with degenerative arthritis and sciatica, right lower extremity; spondylolisthesis, L4-5; status post 1991 spine fusion, L5-S1, from previous industrial injury; status post exploration of fusion (February 2002); and status post repeat surgical intervention, anterior posterior salvage spinal reconstruction (June 2003). Treatment to date has included Avinza, Norco, Percocet, Prilosec, Flexeril, physical therapy, right knee surgery, and lumbar spine surgery. Utilization review from June 14, 2014 modified the request for 1 prescription of Oxycodone 10mg #90 to 1 prescription of Oxycodone 10mg #60. The submitted documentation does not reflect any pain reduction or functional improvements as a result of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF OXYCODONE 10MG, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, Oxycodone (Percocet) was taken as far back as January 2008. However, there were no recent progress reports provided that would support continued use of this medication. Documents provided were approximately four years old to date. The medical necessity cannot be established due to lack of information. Therefore, the request for 1 prescription of Oxycodone 10mg, #90 is not medically necessary.