

<b>Case Number:</b>	CM14-0013508		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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:

This patient is a 40 year old male with a date of injury of 12/26/2004. The listed diagnoses per [REDACTED] are lumbar radiculopathy, degenerative disc disease and failed back surgery syndrome. According to progress report 1/14/14, the patient is status post lumbar surgery from November 2010 and continues with chronic low back, groin and bilateral lower extremity pain. Patient's medication regimen includes Oxycodone 15mg, Prilosec 20mg, Voltaren 100mg, Senna 8.6mg, Medrol pak, Prozac 20mg and Clonazepam 1mg. The pain level is 10/10 without medications and 6/10 with medications. Today's pain is rated as 6/10. Medications allow for increased mobility, tolerance to ADL's and home exercises. No side effects are associated with medications. Examination of the lumbar spine revealed "TTP paraspinals, especially over the right sided implanted SCS." Sciatic notch tenderness was noted bilaterally. Sitting straight leg raise is positive on both sides. The treating physician is requesting a refill of Oxycodone HCL 15mg #210. Utilization review modified the certification from the requested #210 to #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCl 15 MG ONE TO TWO TABLETS ORALLY EVERY THREE TO FOUR HOURS AS NEEDED FOR PAIN, A MAXIMUM OF SEVEN TIMES A DAY:**

Overturned

**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 CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

**Decision rationale:** This patient is status post lumbar surgery from November 2010 and continues with chronic low back, groin and bilateral lower extremity pain. The treating physician is requesting a refill of Oxycodone HCL 15mg #210. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been taking Oxycodone HCL 15mg since at least 7/30/13. On 1/14/14, the patient noted decrease in pain from 10/10 to 6/10 with medications. He is able to increase mobility and participate in home exercise and notes no side effects with taking Oxycodone. UDS from 12/17/13 was consistent with medications prescribed. The patient in the 10/22/13 report noted that with medications he had "improved affect and overall quality of life." The treating physician states that there are no signs of aberrant behaviors and UDT and [REDACTED] are appropriate. In this case, the treating physician discusses analgesia and provides specific functional improvement with taking Oxycodone. It was noted that the patient has no side effects with medications and urine drug screens are administered to monitor compliance. Given that the treating physician has provided adequate documentation for opiate therapy, this request is medically necessary.