

<b>Case Number:</b>	CM14-0169000		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Therapy & Rehabilitation, 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 injured worker is a 38-year-old male who sustained an injury on 1/21/10. As per 10/2/14 report, he presented with less pain in his neck and lower back and he had headaches. Examination revealed cervical spine tenderness at C4-T1 in the midline and lumbar spine tenderness at L5-S1 in the midline. He had surgical excision of brain tumor in 2010. He is currently on oxycodone and gabapentin. During the 4/16/14 visit he reported that oxycodone 5/325 mg did not really help; otherwise it had been reported to be helpful. He was recently given a modified certification of oxycodone for weaning purposes. Diagnoses include chronic lumbosacral strain, chronic cervical sprain/strain, and status post meningocele repair. The request for Oxycodone/APAP Tablets 5/325 MG #100 was denied/modified on 10/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP Tablets 5/325 MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 75,92.

**Decision rationale:** According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) is a short- acting Opioid is recommended for chronic pain management under certain criteria. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. In fact, the IW has reported that Oxycodone did not help. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity of the request for Oxycodone 5/325mg has not been established in accordance to guidelines.