

<b>Case Number:</b>	CM14-0177914		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 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:

Injured worker is a male with date of injury 8/3/2009. Per primary treating physician's progress report dated 8/15/2014, the injured worker complains of back pain with radiation to the left lower extremity. His pain levels continue to be quite significant. The pain continues to be in the back with radiation to the left leg. He was started on Lyrica, which has had some benefit but not significant thus far. He still continues to take the oxycodone but taking one tablet at a time is not effective. On examination of the spine there is tenderness along the left buttock region. Range of motion is limited. He can get to within two inches of the ground with his fingertips. Muscle strength is 5/5 in the upper and lower extremities. Diagnoses include 1) lumbar disc pathology 2) lumbar radiculitis 3) lumbar myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports indicate that the injured worker is taking oxycodone, but it is not effective. There are also no reports of improved function with the use of oxycodone. Aberrant drug behavior is not addressed. Attempts to wean or discontinue the use of opioid pain medications are not addressed. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 20mg #90 is determined to not be medically necessary.