

<b>Case Number:</b>	CM14-0073423		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/06/1995
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

The patient is a 71-year-old female with a date of injury of 05/06/1996. The listed diagnoses per [REDACTED] are: 1. Chronic low back pain, degenerative lumbar spondylosis. 2. Chronic low back pain, myofascial pain syndrome. 3. Pain disorder with psychological condition. 4. Insomnia persistent due to chronic pain. According to progress report 05/05/2014 by [REDACTED], the patient presents with chronic low back pain due to degenerative spondylosis of the lumbar spine. Pain on average is 7-8/10 with medications. The patient has Morton's metatarsalgia and has progressively worsening nerve pain in the left foot. The patient's medication regimen is Ambien 10 mg, Soma 350 mg, Celebrex 100 mg, Lamictal 25 mg, Senokot, and Vicodin 5/325 mg. The treater is requesting Oxycodone to replace Vicodin. Utilization review denied the request on 05/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone to replace Vicodin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with chronic low back pain due to degenerative spondylosis of the lumbar spine. Patient also has Morts metatarsalgia and has progressively worsening nerve pain in the left foot. He is currently taking medications and utilizing an orthotic shoe, which are very helpful. The treater states in his report 05/05/2014 the patient has tried and failed Vicodin 5/325 mg #120. The treater is requesting oxycodone to replace Vicodin. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patients likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. The treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. Furthermore, the treater does not discuss dosing or quantity of medication. Recommendation is for denial.