

<b>Case Number:</b>	CM14-0089911		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/21/2007
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured on 6/21/2007 after tripping. He was diagnosed with lumbago, severe spinal stenosis, lumbosacral disc degeneration, and lumbosacral neuritis. He was treated with medications including opioids, surgery (lumbar), physical therapy/home exercise, and spinal cord stimulation. The worker was seen by his pain management specialist on 5/15/2014 complaining of low back pain, but no lower extremity symptoms. He reported taking oxycodone 10 mg up to six pills per day, but with no side effects. He reported wearing his spinal stimulator all of the time which is helping to reduce his overall pain significantly. Physical findings included minimal tenderness over the lumbar paraspinal muscles, decreased lumbar range of motion, normal range of motion of the hips and knees, negative straight leg raise, and decreased sensation of the left lower extremity. He was then recommended to continue his oxycodone at the same dose and frequency, continue his spinal cord stimulator, and continue to follow exercise program (walking).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, only part of the full periodic assessment was made regarding his oxycodone use and benefit. There was no quantitative assessment of the worker's function or pain reduction related to the oxycodone use, which is required to justify continuation. Therefore, the oxycodone is deemed not medically necessary until this documented evidence of benefit is available to review.