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| <b>Case Number:</b>   | CM14-0177991 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 07/28/2009 |
| <b>Decision Date:</b> | 03/06/2015   | <b>UR Denial Date:</b>       | 10/07/2014 |
| <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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 51 year old male, who sustained an industrial injury on July 28, 2009. The details of the injury and immediate symptoms were not documented in the reviewed record. He has reported lower back pain, right hip pain, and numbness of the legs and feet. The diagnoses have included backache not otherwise specified. Treatment to date has included medications and lumbar decompression surgery. Currently, the injured worker complains of chronic lower back pain and bilateral thigh pain. The treating physician is requesting a prescription for oxycodone/APAP 1-325 mg x 120 in October 2014 for pain as the injured worker stats that the medication is more effective than what he is currently taking. The claimant had been on Norco since at least January 2014. On October 7, 2014 Utilization Review non-certified the request for oxycodone/APAP noting the lack of current documentation to support the medical necessity of the medication. The MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 1-325 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition, 2010 Revision

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had already been on Norco for several months. Pain scale response or failure of Tylenol or NSAID is not noted. No one opioid is superior to another. The continued Oxycodone is not medically necessary.