

<b>Case Number:</b>	CM14-0194319		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/04/1994
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Family Practice 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:

Claimant is a 70 year old male who sustained a work injury on 8/4/94 involving the neck and low back. He was diagnosed with cervical disc disease, knee arthritis and lumbar disc disease. He had undergone a lumbar laminectomy. He had been on Oxycodone since at least August 2013. A progress note on 10/3/14 indicated the claimant had been taking Oxycodone when she can't tolerate her pain. She had removal of hardware in the lumbar spine. Exam findings were notable for tenderness and muscle spasms in the cervical spine, lumbar spine and thoracic spine. Straight leg raise testing was positive . Strength in the arms and legs was reduced. A request was made to continue her on Oxycodone along with providing an injection of Toradol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Oxycodone 5mg #60: 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): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the California 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 been on Oxycodone for over a year without significant improvement in pain or function. The continued use of Oxycodone is not medically necessary.