

<b>Case Number:</b>	CM14-0066883		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 41-year-old female, who sustained an industrial injury on 08/14/2012. She has reported low back pain. The diagnoses have included lumbar disc degeneration; lumbar disc displacement, lumbar stenosis; and lumbar radiculopathy. Treatment to date has included medications, chiropractic sessions, and lumbar epidural steroid injection. Medications have included Lyrica and Oxycodone/Acetaminophen. Currently, the injured worker complains of constant slight to moderate low back pain, bilateral sacroiliac joint pain, worse on the right, with radiating pain down the right leg to her toes; aggravated to severe pain with sitting. A progress report from the treating physician, dated 04/21/2014, documented the injured worker to have decreased lumbar range of motion with pain; and lumbar L3 to L5 and bilateral sacroiliac joints very tender to palpation and hypersensitive. The treatment plan has included chiropractic care to the lumbar spine. Request is being made for Oxycodone/APAP 5/325 mg quantity 90. On 04/24/2014 Utilization Review non-certified a prescription for Oxycodone/APAP 5/325 mg Quantity 90. The CA MTUS was cited. On 04/30/2014, the injured worker submitted an application for IMR for review of a prescription for Oxycodone/APAP 5/325 mg Quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 5/325 mg Quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Oxycodone/APAP 5/325mg is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had functional improvement while taking this medication. Oxycodone/APAP 5/325 mg Quantity 90 is not medically necessary and appropriate.