

<b>Case Number:</b>	CM15-0005840		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: New Jersey

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 42 year old male, who sustained a work related injury on 12/26/11. He reported a pulling injury with immediate jolting pain and landed on left leg. The diagnoses have included depression/anxiety, lumbar radiculopathy, degenerative disc disease and failed back surgery syndrome. Treatment to date has included lumbar surgery, physical therapy, chiropractic care, epidural steroid injection, psychiatric and psychological treatment and MRI lumbar. In the PR-2 dated 12/23/14, the injured worker complains of chronic and severe lumbar, groin and bilateral extremity pain. He states having problems with activities of daily living due to the pain. He rates his pain a 6/10 on medications and a 10/10 off of the medications. On 12/11/14, Utilization Review Modified a prescription request for Oxycodone HCL 15mg. 1 po q4-6hours prn #180 to Oxycodone HCL 15mg. 1 po q4-6 hours #120, noting the number of pills requested is above recommended standards. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 15mg tabs 1 PO Q4-6 hours prn #180:** Upheld

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

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

**Decision rationale:** The MTUS 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, there was nearly a complete review, regarding his oxycodone use. However, and although the report suggested his "medications" provided pain reduction and functional benefits, these were not separated between his multiple medications addressing his chronic pain. There was no report discussing the functional benefits of his oxycodone, specifically. Without a current documented update on this direct effectiveness of the chronic use of oxycodone, independent of the other medications, it will be considered medically unnecessary to continue, Weaning may be necessary.