

<b>Case Number:</b>	CM15-0007092		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/15/2005
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male injured worker suffered and industrial injury on 11/15/2005. The diagnoses were Pain disorder, Depression and Polysubstance Dependency, post laminectomy syndrome with lumbar radiculopathy, chronic pyelonephritis. The diagnostics were ultrasound of the bladder and urodynamics. The treatments were medications and functional restoration program. The treating provider reported lumbar spasms, diminished range of motion, and back pain. The Utilization Review Determination on 12/30/2014 non-certified oxycodone 10mg #90, citing MTUS Chronic Pain Treatment Guidelines, Opioids

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 11/15/05 and presents with lumbar spasms, diminished range of motion, and back pain. The request is for Oxycodone 10 mg #90 due to increased pain and depression. The RFA is dated 12/26/14 and he is permanent and stationary. The utilization review determination rationale is that "pain assessment does not include: current pain; the least reported pain over the period since last assessment; average pain. Opioid contract is recommended and not documented." The patient has been taking Oxycodone as early as 07/16/14. MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 08/06/14 report states that Oxycodone has a 30 minute onset, 40% reduction in pain, a 5 hour duration, no aberrant behaviors, and no adverse effects. Last urine drug screen was ordered 03/19/14 and was positively appropriate. CURES report was reviewed as well. The patient does not tolerate opiate rotation from MS Contin to Opana ER. The patient also had another urine drug screen on 09/05/14 which was appropriate with the patient's prescriptions. The 12/18/14 report indicates that the patient is able to walk and work. In this case, the treater provides all 4 A's. The patient has a 40% reduction in pain, no aberrant behaviors/side effects, and is able to walk/work. He had two urine drug screens on 03/19/14 and 09/05/14 which were positively appropriate. He also has CURES report on file. The treater has provided all necessary documentation as required by MTUS guidelines. Therefore, the requested Oxycodone is medically necessary.