

<b>Case Number:</b>	CM15-0008308		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: 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 48 year old male who sustained an industrial injury to his lumbar spine and right sternum from an approximate six foot fall off a ladder on December 5, 2008. He is status post lumbar surgery in 2009. Agreed medical evaluator's report dated 11/14/14 notes that the patient continues with significant low back pain. Provision were made for lumbar epidural steroid injections and lumbar surgery. The injured worker is diagnosed with lumbar radiculopathy, brachial neuritis or radiculitis, anxiety disorder and chronic pain syndrome. A magnetic resonance imaging (MRI) in March 2013 demonstrated a disc space at L4-L5 with a left lateral bulging annulus and annular fissure or tear persisting with minimal left subarticular and proximal foraminal stenosis. At L5-S1 a central protrusion annular tear without compromise of the thecal sac or S1 nerve roots was documented. According to the primary treating physician's progress report on December 1, 2014, the patient continues to experience low back pain that is worsening with radiation to the bilateral lower extremities. He uses a cane to ambulate. Current medications consist of Norco, Ketoprofen, Lidoderm, Amrix ER, Oxycodone Hydrochloride IR 10mg, Tramadol and Omeprazole. The injured worker is working modified duties. The treating physician requested authorization for Oxycodone Hydrochloride IR 10mg #90, 3 times a day. On December 17, 2014 the Utilization Review denied certification for Oxycodone Hydrochloride IR 10mg #90, three times a day. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Hcl IR 10mg #90, TID:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for Chronic Pain Page(s): 80.

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

**Decision rationale:** In this case, the injured worker has undergone prior lumbar surgery and continues with significant low back pain. Provisions have been made for further injection therapy and lumbar surgery. The medical records also indicate that the injured worker is working modified duties. The MTUS guidelines state that opioids may be continued if there has been improvement in function. While per the MTUS guidelines chronic use of opioids is not recommended, at this time given that the injured worker is able to work modified duties, the requested medication would be supported while additional treatment is awaited. Furthermore, the injured worker has been prescribed opioids for an extended period of time, and sudden discontinuation of opioids is not supported. As such, the request for Oxycodone Hcl IR 10mg #90, TID is medically necessary.