

<b>Case Number:</b>	CM15-0009721		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/18/1994
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 injured worker is a 67-year-old female who reported injury on 08/18/1994. The mechanism of injury was due to a fall down some stairs. The injured worker has diagnoses of postlaminectomy syndrome of lumbar region and lumbar disc degeneration. Past medical treatment consists of surgery, therapy and medication therapy. Medications include Opana ER 20 mg, Opana ER 5 mg, oxycodone 15 mg, Flexeril 10 mg, and aspirin 81 mg. On 05/13/2014, the injured worker underwent a urine drug screen that showed she was compliant with prescription medications. On 11/26/2014, the injured worker complained of low back pain. The injured worker rated the pain at a 7/10. It was also noted that the highest pain since last visit was 8/10, average since last visit 7.5/10, and overall, the injured worker has had 100% improvement in ability to function with medication. There were no objective findings on physical examination. The medical treatment plan is for the injured worker to continue with medication therapy. A Request for Authorization form was submitted on 12/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg, twice a day, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

**Decision rationale:** The request for oxycodone 15 mg twice a day #60 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain and evidence that the patient is being monitored for aberrant drug behaviors and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate the oxycodone was helping with functional deficits. Additionally, there were no objective physical deficits on examination. A UA was obtained in 2014 showing that the injured worker was compliant with prescription medications. However, recent drug screens were not submitted for review. Given the above, the request would not be indicated. As such, the request is not medically necessary.