

<b>Case Number:</b>	CM15-0105116		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Emergency 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 48 year old female, who sustained an industrial injury on October 8, 2008. The mechanism of injury was a fall. The injured worker has been treated for back and pelvic complaints. The diagnoses have included lumbago, neuralgia/neuritis, sacroiliac joint pain, chronic pain, facet joint arthropathy and depression. Treatment to date has included medications, radiological studies, MRI, physical therapy, chiropractic care, a pain management evaluation and injections. Current documentation dated April 20, 2015 notes that the injured worker reported ongoing bilateral pelvic pain rated a six out of ten on the visual analogue scale with medications. The injured worker was noted to be taking Percocet which gave the injured worker three hours of pain relief. The injured worker noted that when the medication wears off she is unable to perform household chores or activities of daily living. A musculoskeletal examination was not provided. The treating physician's plan of care included a request for the medication Oxycodone-APAP 10/325 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxy-APAP 10-325 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Oxy-APAP 10-325 MG #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing bilateral pelvic pain rated a six out of ten on the visual analogue scale with medications. The injured worker was noted to be taking Percocet which gave the injured worker three hours of pain relief. The injured worker noted that when the medication wears off she is unable to perform household chores or activities of daily living. A musculoskeletal examination was not provided. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxy-APAP 10-325 MG #90 is not medically necessary.