

<b>Case Number:</b>	CM15-0105266		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/12/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female who sustained an industrial injury on 2/7/03. The injured worker was diagnosed as having neuropathic pain, failed back surgery syndrome, left lumbar radiculopathy, bilateral sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar post laminectomy syndrome and lumbar strain and sprain. Currently, the injured worker was with complaints of lower back pain with radiation to the lower extremities. Previous treatments included medication management, status post L4-L5 fusion and status post bilateral sacroiliac joint radiofrequency ablation. Physical examination was notable for tenderness to palpation to the coccyx, restricted range of motion to the lumbar and bilateral sacroiliac joints due to pain. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in February 2003 and continues to be treated for radiating low back pain. Diagnoses include failed back surgery syndrome. Treatments have included a lumbar spine fusion, radiofrequency ablation of the sacroiliac joints, a spinal cord stimulator, and medications. Oxycodone is referenced as providing a 50% decrease in pain with 50% improvement in activities of daily living. When seen, there was decreased and painful lumbar spine and sacroiliac joint motion. There was tenderness over the coccyx. Sacroiliac joint tests were positive bilaterally. There was a normal neurological examination. Oxycodone was refilled at a total MED (morphine equivalent dose) of 30 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management with decreased pain and improved activities of daily living. There are no identified issues of abuse or addiction. The total MED is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone was medically necessary.