

<b>Case Number:</b>	CM15-0108533		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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:

This 24 year old man sustained an industrial injury on 4/23/2012. The mechanism of injury is not detailed. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbar sprain/strain, and thoracic/lumbar sprain. Treatment has included oral medications and use of epsom salts and a cane. Physician notes dated 5/4/2015 show complaints of right low back pain rated 4-5/10 and sciatica. The worker states his condition is not changed much, however, he has been taken out of work by his provider. Recommendations include Oxycodone, walk an hour each day and eat less, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg #54:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

**Decision rationale:** The claimant sustained a work injury in April 2012 and continues to be treated for chronic back pain. When seen, there had been no improvement after an epidural injection and he had increased pain afterwards and had been seen in an emergency room. His BMI was nearly 45. He was noted to sit uncomfortably. Indications included oxycodone being prescribed at a total MED (morphine equivalent dose) of up to 30 mg per day. 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. Although there are no identified issues of abuse or addiction and The total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.