

<b>Case Number:</b>	CM15-0014272		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/05/1997
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Arizona, 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 62-year-old female who sustained an industrial injury on 6/5/97. The injured worker reported symptoms in the head, arms, neck shoulders, bilateral upper extremities, back and bilateral lower extremities. The diagnoses included chronic pain syndrome, neck pain, chronic, status post arthrodesis, posterior, lumbar L4-5, pain in thoracic spine, flare up, status post insert programmable spinal drug infusion pump. Treatments to date include status post C5-C6 fusion, intrathecal pump implant on 9/28/05, oral pain medications, and single point cane. In a progress note dated 1/5/15 the treating provider reports the injured worker was with "constant" pain described as "sharp, aching, cramping, dull, burning, stabbing" rating "the average pain 9/10, and the worst pain 10/10." A progress note on 2/26/14 indicated the claimant had an average pain of 5/10 with medication and 7/10 without (Similar to July 23, 2014). The claimant was on Oxycodone, Motrin, Neurontin, Soma, Dilaudid and Bupivacaine. On 1/21/15 Utilization Review modified the request for Oxycodone Hydrochloride 30 milligrams quantity of 120 to Oxycodone Hydrochloride 30 milligrams quantity of 90. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 6 months without significant improvement in pain score or function. In addition, the claimant had been on an intrathecal pump with opioids and an oral NSAID. The continued use of Oxycodone is not medically necessary.