

<b>Case Number:</b>	CM15-0143265		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/16/1997
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 55 year old male, who sustained an industrial injury on 8-16-97. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, and lumbar spine radiculopathy. Treatment to date has included radiofrequency lesioning at left L3-S1 on 5-26-15 and 6-2-15, physical therapy, home exercise, and medication. On 3-23/15 pain was rated as 5 of 10. On 6-15-15 pain was rated as 9 of 10 at worst and 6 of 10 on average. The injured worker had been taking Oxycodone since at least 1-26-15. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Oxycodone 10mg #84.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg, 1 tablet 3 times a day as needed for 28 days, #84: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-95.

**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 or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.