

<b>Case Number:</b>	CM15-0147488		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	12/16/1994
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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:

This is a 52-year-old female with a December 16, 1994 date of injury. A progress note dated July 21, 2015 documents subjective complaints (lower back pain; leg pain; right lumbosacral pain that is occasional), objective findings (walking with a cane; decreased flexion and extension of the lumbar spine with left rotation and right lateral bending producing pain in the left lumbosacral region), and current diagnoses (lumbar post laminectomy syndrome; chronic pain syndrome; lumbar or thoracic radiculopathy). Treatments to date have included lumbar spine fusion and laminectomy, lumbar epidural steroid injection, piriformis injection, and medications. The medical record indicates that medications help control the pain. The progress note documents that a urine drug screen completed on April 20, 2015 was positively appropriate. The treating physician documented a plan of care that included Oxycodone-Acetaminophen 7.5-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective usage of Oxycodone/Acetaminophen 7.5/325mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Prospective usage of Oxycodone/Acetaminophen 7.5/325mg #60 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 treating physician has documented subjective complaints (lower back pain; leg pain; right lumbosacral pain that is occasional), objective findings (walking with a cane; decreased flexion and extension of the lumbar spine with left rotation and right lateral bending producing pain in the left lumbosacral region). The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and 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, Prospective usage of Oxycodone/Acetaminophen 7.5/325mg #60 is not medically necessary.