

<b>Case Number:</b>	CM15-0162231		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/05/1997
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 63 year old female, who sustained an industrial injury on June 5, 1997. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar spinal stenosis, and sciatica. Treatments and evaluations to date have included intrathecal pump implantation, cervical spine fusion, lumbar spine fusion, MRIs, and medication. Currently, the injured worker reports chronic back pain and neck pain. The Treating Physician's report dated June 25, 2015, noted the injured worker with a history of widespread pain as the result of a work related injury twenty years ago. The injured worker was noted to have an intrathecal pain pump implanted ten years earlier, working well, with the injured worker reporting the pump helped keep her functioning. The injured worker was noted to have severe kyphoscoliosis with her lumbar spine at almost a 90 degree angle. In addition to the intrathecal pain pump the injured worker was noted to be taking Oxycodone, Valium, Soma, Motrin, Neurontin, and Lidoderm patches, along with other medications not through her worker's compensation case, managed by her primary care physician. The injured worker was noted to be retired from work. Physical examination was noted to show bilateral cervical facet pain, severe kyphosis at the thoracic and lumbar regions, with severe kyphosis. The injured worker was noted to have signed an opioid contract. The treatment plan was noted to include refills of her Oxycodone and Promethazine, interrogation of her pain pump, and request for authorization for a surgery consult to evaluate for a pump revision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. In addition to the intrathecal pain pump, the injured worker was noted to be taking Oxycodone, Valium, Soma, Motrin, Neurontin, and Lidoderm patches. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycodone 30mg quantity 120 is not medically necessary.