

<b>Case Number:</b>	CM15-0165258		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 68 year old male, who sustained an industrial injury on 6-13-02. He reported pain in his lower back and buttocks after falling backwards. The injured worker was diagnosed as having failed back surgery syndrome, intrathecal drug pump and spinal cord stimulator. Treatment to date has included a spinal cord stimulator placed in 2003, a morphine pump placed in 2004, several lumbar MRIs, Lyrica and Alprazolam. Current medications include Fentanyl, Hydromorphone and Bupivacaine in the pain pump and Oxycodone 15mg since at least 1-7-13. On 4-15-15 the injured worker rated his pain an 8 out of 10. He presented for a pump refill and pre-op for pump replacement. By 5-26-15 the injured worker reported feeling that the surgery went well. He rated his pain a 7 out of 10. He indicated that medications help him take care of family and do household chores. The treating physician increased the pump dose by 20% to 0.09mg of Fentanyl per day and 4.5mg of Bupivacaine per day. As of the PR2 dated 7-29-15, the injured worker reports pain level is more manageable since pump replaced. He still has pain in his lower back, bilateral legs and right foot. He rates his pain a 7 out of 10. Objective findings include redness and edema in bilateral lower extremities, pain with lumbar range of motion and axial tenderness with lumbar palpation. The treating physician requested Oxycodone IR 15mg #120 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 15mg #120 with 1 refill:** 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 along with a pain pump. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain reduction score with use of medication is not provided. The continued use of Oxycodone is not medically necessary.