

<b>Case Number:</b>	CM15-0185907		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 33 year old male with an industrial injury dated 06-03-2003. A review of the medical records indicates that the injured worker is undergoing treatment for nicotine dependence, chronic pain syndrome and lumbar post-laminectomy syndrome. According to the progress note dated 08-27-2015, the injured worker reported low back pain with radiation to the left lower extremity. Alleviating factors include medication, physical therapy, stretching and yoga. Aggravating factors include extension, walking, and activity. The injured worker reported that recent epidural steroid injection (ESI) helped significantly. Pain level was 2 out of 10 with medication and 8 out of 10 without medication on visual analog scale (VAS). Objective findings (08-27-2015) revealed tenderness of the paraspinal region at L4, gluteus maximus and piriformis. Decreased sensation of the knee and medial leg (L4), on the lateral leg and dorsum of the foot (L5) was also noted on exam. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records indicate that the injured worker has been on Oxycodone since at least 03-02-2015. In progress report dated 05-04-2015, the treating physician reported that the tox screen from March was negative for Oxycodone and that the injured worker ran out of Oxycodone. There was no urine drug screen report included for review. The treatment plan included medication management. The treating physician prescribed Oxycodone 15 mg #90, now under review. The utilization review dated 09-02-2015, modified the request for Oxycodone 15 mg #30 (original #90).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 MG #90:** 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, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Oxycodone since March 2015 without objective documentation of functional improvement or significant decrease in pain. Additionally, there is no evidence of an opioid contract, risk assessment or urine drug screen to test for compliance and/or aberrant behavior. Additionally, the last utilization review recommended this medication for weaning only; however, treatment with this medication was continued. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 15 MG #90 is not medically necessary.