

<b>Case Number:</b>	CM15-0190020		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 32 year old male, who sustained an industrial injury on 4-3-12. The injured worker was diagnosed as having failed back syndrome. Treatment to date has included bilateral lumbar sympathetic blocks, physical therapy, chiropractic treatment, and medication including Oxycodone. On 8-18-15, the treating physician noted, "medications allowed him to function and do activities of daily living like cleaning, light cooking, running errands, and self-hygiene." Physical examination findings on 8-18-15 included L3-5 paralumbar spasm and tenderness, decreased lumbar spine range of motion, bilateral lower extremity hypersensitivity to touch with dysesthesia and allodynia. Bilateral lower extremity swelling with reddish discoloration was also noted. On 8-18-15, pain was rated as 8-10 of 10 without medication and 5-6 of 10 with medication. The injured worker had been taking Oxycodone since at least June 2015. On 8-18-15, the injured worker complained of continued chronic bilateral leg pain. On 8-19-15, the treating physician requested authorization for Oxycodone 30mg #120. On 8-29-15, the request was modified to a quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #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, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent significant pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone 30mg #120 is not medically necessary and appropriate.