

<b>Case Number:</b>	CM15-0191962		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/24/1995
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 24, 1994. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for oxycodone. The claims administrator referenced an August 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated March 10, 2015. On said March 10, 2015 office visit, the applicant reported highly variable 1-7/10 neck, back, shoulder, lower extremity pain complaints with derivative complaints of depression, anxiety, psychological stress, and insomnia. The applicant was on a morphine pump and oxycodone, it was reported. The applicant had undergone an earlier failed cervical spine surgery and was receiving both intrathecal morphine and oral oxycodone, it was reported. The applicant was asked to follow up with psychiatry and his pain management physician. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. No seeming discussion of medication efficacy transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 15mg #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.

**Decision rationale:** No, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on March 10, 2015, suggesting that the applicant was not working. No seeming discussion of medication efficacy transpired on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing oxycodone usage on that date. While it is acknowledged that the August 17, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.