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| <b>Case Number:</b>   | CM15-0193727 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 10/04/2001 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 09/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 4, 2001. In a utilization review report dated September 18, 2015, the claims administrator failed to approve a request for oxycodone. The claims administrator referenced an August 26, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 26, 2015, Lyrica and oxycodone were renewed. On an associated progress note of July 28, 2015, it was acknowledged that the applicant was off of work and had been deemed "permanently disabled." The attending provider contended that the applicant's medications, which included oxycodone and Flexeril, were improving the applicant's functionality and quality of life but did not elaborate further. The applicant developed derivative complaints of depression, it was reported. The attending provider then stated in another section of the note that the applicant's ability to brush her teeth, perform self-care and personal hygiene, bathe, and do laundry had been ameliorated as a result of ongoing medication consumption.

### 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, Section(s): Opioids for chronic pain.

**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 was off of work and had been deemed "permanently disabled," the treating provider reported on July 28, 2015. While the treating provider recounted some reduction in pain scores reportedly effected as a result of ongoing oxycodone usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing usage of the same. The attending provider's commentary to the effect that the applicant's ability to perform bathing, dressing, self-care, and personal hygiene as a result of ongoing medication consumption did not constitute evidence of a substantive benefit achieved as a result of the same. Therefore, the request was not medically necessary.