

<b>Case Number:</b>	CM15-0194417		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/28/1999
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male, who sustained an industrial injury on 9-28-1999. Medical records indicate the worker is undergoing treatment for chronic low back pain, lumbar radiculopathy, chronic pain syndrome and myofascial pain syndrome. The injured worker has complained of low back pain since at least 4-19-2012. A recent progress report dated 8-25-2015, reported the injured worker complained of low back pain with shooting lower extremity pain (pain was not quantified at this visit). "Pain medication helped him do his activities of daily living". Physical examination revealed antalgic gait, "lumbar range of motion is limited flexion, extension and side bending", lumbar paraspinal tenderness and negative straight leg raise test. Treatment to date has included Oxycodone (since at least 9-13-2013). On 8-26-2015, the Request for Authorization requested Oxycodone 10mg #150. On 9-2-2015, the Utilization Review modified the request for Oxycodone 10mg #150 to #74.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1999 with injury to the low back while lifting a gas powered compactor. He underwent a lumbar fusion in April 2002. He continues to be treated for chronic back pain. In April 2013 Norco was discontinued by recommendation of his gastroenterologist due to liver problems. In July 2014 he was taking oxycodone 10 mg five times per day. When seen, he had been very compliant with his medication. It was helping him to function and perform activities of daily living. Physical examination findings included an antalgic gait without use of an assistive device. He had decreased lumbar spine range of motion. There was lumbar paraspinal tenderness. Urine drug screening was performed and his oxycodone was refilled. Oxycodone is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.