

<b>Case Number:</b>	CM15-0200161		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, who sustained an industrial injury on 6-3-2003. The injured worker was being treated for chronic pain syndrome and postlaminectomy syndrome, lumbar region. Medical records (5-4-2015, 8-27-2015, and 9-24-2015) indicate ongoing low back pain radiating to the left lower extremity. The medical records show the subjective pain rating was 7-8 out of 10 without medications and 2 out of 10 with medications. Per the treating physician (8-27-2015 and 9-24-2015) physical therapy, yoga, stretching alleviate the injured worker's pain. The injured worker reports that his medications allow him to vacuum, do light gardening, and exercise. The physical exam (5-4-2015) reveals tenderness of the bilateral lumbar paraspinal region at L4 (lumbar 4), the gluteus maximus, and the piriformis. The physical exam (8-27-2015 and 9-24-2015) reveals tenderness of the bilateral lumbar paraspinal region at L4, the gluteus maximus, and the piriformis. There is decreased sensation of the right knee and right medial leg (L4) and the right lateral leg and right dorsum of the foot [L5 (lumbar 5)]. On 9-24-2015, a urine drug screen was positive for Morphine, Oxycodone, and Noroxycodone. Surgeries to date have included a lumbar fusion. Treatment has included epidural steroid injection, physical therapy, and medications including Ibuprofen, MS Contin, Oxycodone since at least 4-2015, Gabapentin, Lyrica, and medical marijuana. Per the treating physician (9-24-2015 report), the injured worker has not returned to work. On 9-24-2015, the requested treatments included Oxycodone 15mg. On 10-6-2015, the original utilization review modified a request for Oxycodone 15mg #30 (original amount requested #90).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #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. In this case, the injured worker has been prescribed oxycodone since at least 4-2015 without objective documentation of specific functional improvement and it is unclear if he has returned to work. Additionally, this medication was recommended for weaning in the previous review. 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 15mg #90 is determined to not be medically necessary.