

<b>Case Number:</b>	CM15-0208709		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 54 year old female, who sustained an industrial injury, July 31, 2013. The injured worker was undergoing treatment for spinal stenosis, lumbar radiculopathy, lumbar facet joint pain, degeneration of the lumbar intervertebral disc and chronic low back pain. According to progress note of July 27, 2015, the injured worker's chief complaint was back pain which radiated into both legs. The pain was rated at 9-10 out of 10 without pain medication d 7-8 out of 10. The injured worker had an injection on June 29, 2015, with little improvement. The injured worker reported that the benefit of chronic pain medication maintenance regimen, activity, restriction and rest continue to keep pain within a manageable level. The objective findings of the lumbar spine were tenderness across the lumbosacral area with painful muscular spasms and tenderness over the sacrum on deep palpation. There was 50% restriction with extension and 60% restriction with flexion. The lateral bending was 30% restricted. The straight leg raises were positive bilaterally. The cervical spine had moderate tenderness and tightness of the bilateral trapezius. There was minimal restriction of the range of motion. The injured worker previously received the following treatments Percocet 10-325mg one tablet two times daily start July 24, 2015, Neurontin, Robaxin, Ibuprofen and Trazodone. The UR (utilization review board) denied certification on October 19, 2015; for the prescription for Oxycontin 10-325mg #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/Acetaminophen 10/325mg #10:** 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, Opioids for neuropathic pain, Weaning of Medications.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months without significant improvement in pain. There was mention of weaning but no weaning schedule, protocol or agreement was provided in the documentation. The request for Oxycodone (Percocet) as prescribed is not necessary.