

<b>Case Number:</b>	CM15-0021308		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/09/2004
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New York

Certification(s)/Specialty: Internal 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 (IW) is a 61 year old male who sustained an industrial injury on 08/09/2004. He has reported headache, neck pain, low back and lower extremity pain. Diagnoses include cervical syndrome; thoracic sprain and strain; and sprain lumbar region and back pain, chronic; chronic pain other; and lumbar spondylosis with radiculopathy. Treatments to date include pain management including a spinal cord stimulator and long term use of opiate pain medication, home therapy and conservative treatment. A progress note from the treating provider dated 01/06/2015 indicates the Injured Worker has no adverse effects from his current medications, and shows no aberrant behaviors. He relates his pain level is a 7/10 with medications and a 9/10 without medications. He has a signed opiate agreement. Planned treatments include a L4-5 Laminectomy and prescriptions for Oxycodone /APAP, Nortriptyline, and Diclofenac Sodium. On 01/16/2015 Utilization Review non-certified a request for Oxycodone/APAP 10/325mg quantity 180. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 10/325mg quantity 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS- Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Oxycodone/APAP 10/325. Per California MTUS Guidelines, short-acting opioids such as Oxycodone/APAP 10/325. are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient should be weaned off of opioid therapy per the recommended protocol. The claimant may require an evaluation at a multidisciplinary pain management program Medical necessity for Oxycodone APAP 10/325 10/325 has not been established. The requested treatment is not medically necessary.