

<b>Case Number:</b>	CM15-0029308		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	12/01/1998
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 50 year old male, who sustained an industrial injury on 12/1/1998. The diagnoses have included cervical pain and chronic low back pain syndrome. Treatment to date has included medication. According to the progress report dated 1/14/2015, the injured worker complained of lower back pain rated 9/10 and neck pain rated 7/10. Back pain radiated into the groin region. Current medications included Oxycodone, Percocet, Lyrica, Amrix, Dexilant and Lidoderm patches. Objective findings revealed that cervical foraminal compression testing was negative. It was noted that magnetic resonance imaging (MRI) of the lumbar spine from 8/4/2014 showed multilevel degenerative disk changes, disk desiccation and disk height loss. The treatment plan was to continue medications. The injured worker was noted to have a satisfactory response with decreased pain levels and improvement in function. The progress note dated 11/19/2014 documents that the injured worker had persistent low back pain with radicular symptoms into his lower extremities. The combination of the oxycodone and the Percocet brought the pain from 10/10 to 6/10. It was noted that urine drug screens were consistent in the past. On 1/30/2015, Utilization Review (UR) modified a request for Oxycodone 15mg #120 to Oxycodone 15mg #90. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodones; Opioids, On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Pages 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycodone 15mg #120 is not medically necessary.