

<b>Case Number:</b>	CM15-0036354		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	10/25/1994
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Emergency 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 64 year old female, who sustained an industrial injury on 10/25/1994. Diagnoses include lumbar degenerative disc disease, lumbosacral radiculopathy, chronic low back pain, fall risk, pain related insomnia, pain related depression and pain related constipation. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications including oxycodone, Norco, Soma, Neurontin, Paxil, Ambien and Colace, aquatic exercises and surgical intervention (posterior decompression and anterior fusion at L5-S1). Per the Primary Treating Physician's Progress Report dated 1/28/2015, the injured worker reported chronic, constant low back pain with radicular symptoms to the bilateral lower extremities. She reports frequent low back spasms. Physical examination revealed tenderness to palpation throughout the lumbar paraspinal region extending into the right buttock. Tenderness was noted in the lower lumbar spine as well. Seated straight leg raise was positive bilaterally. Finger to neck distance is 20 inches. The plan of care included pain medications and authorization was requested for Oxycodone 15mg #210.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 mg #210 oral 1 tablet every 3-4 hours as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested Oxycodone 15 mg #210 oral 1 tablet every 3-4 hours as needed, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radicular symptoms to the bilateral lower extremities. She reports frequent low back spasms. Physical examination revealed tenderness to palpation throughout the lumbar paraspinal region extending into the right buttock. Tenderness was noted in the lower lumbar spine as well. Seated straight leg raise was positive bilaterally. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone 15 mg #210 oral 1 tablet every 3-4 hours as needed is not medically necessary.