

<b>Case Number:</b>	CM15-0038629		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Indiana, 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 is a 47 year old male, who sustained an industrial injury on 8/24/09. He has reported low back pain. The diagnoses have included unspecified thoracic/lumbar neuritis, post laminectomy syndrome, cervicalgia and lumbago. Treatment to date has included oral medications including Oxycodone, OxyContin and Flexeril and lumbar spine surgery. Currently, the injured worker complains of unchanged back and left leg pain with tingling sensation; he states he has difficulty with weight bearing on left leg. Physical exam dated 1/19/15 low back pain with sciatica to left leg was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 MG Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are unspecified thoracic/lumbar neuritis; post laminectomy syndrome; cervicalgia; and lumbago. The earliest progress note in the medical record is dated September 22, 2014. The injured worker was taking Oxycodone 30 mg, OxyContin 40 mg and Flexeril. The most recent progress note is dated November 9, 2015. The injured worker is taking the same medications and dosages. There is no clinical rationale for the dual use of two opiates taken concurrently, Oxycodone and OxyContin. Subjectively, the injured worker states her pain is the same unchanged from prior visits. Objectively, there is tenderness to palpation of the lumbar spine with radiation to the left lower extremity with positive straight leg raising. There are no risk assessments in the medical record. There are no detailed pain assessments in the record. There is no objective functional improvement documented in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessment and detailed pain assessments to support the ongoing use Oxycodone 30 mg, Oxycodone 30 mg #120 is not medically necessary.