

<b>Case Number:</b>	CM15-0042662		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	01/01/2002
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 63 year old female, who sustained an industrial injury on 1/1/2002. She has reported a fall while lifting 60-100 pounds resulting in neck and back injuries. The diagnoses have included cervical radiculopathy, status post cervical fusion, lumbar radiculopathy, depression and chronic pain. Treatment to date has included medication therapy. Currently, the IW complains of neck pain associated with bilateral upper extremity pain, tingling and numbness as well as neck muscle spasms. There was low back pain associated with left greater than right lower extremity pain. Pain was rated 6-8/10 VAS and unchanged since prior visit. The physical examination from 1/23/15 documented tenderness and muscle spasms cervical though trapezius muscles. There was tenderness in lumbar regions with decreased left lower extremity sensitivity. Straight leg raise was positive on the left. The plan of care included medication therapy as previously prescribed and a request to authorize appealing transforaminal steroid epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone-Acetaminophen 10/325 MG #90:** Upheld

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

**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-Acetaminophen 10/325mg #90 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 neck pain associated with bilateral upper extremity pain, tingling and numbness as well as neck muscle spasms. There was low back pain associated with left greater than right lower extremity pain. Pain was rated 6-8/10 VAS and unchanged since prior visit. The physical examination from 1/23/15 documented tenderness and muscle spasms cervical though trapezius muscles. There was tenderness in lumbar regions with decreased left lower extremity sensitivity. Straight leg raise was positive on the left. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and 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-Acetaminophen 10/325mg #90 is not medically necessary.