

<b>Case Number:</b>	CM15-0043275		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/11/2000
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old female, with a reported date of injury of 12/11/2000. The diagnoses include failed low back syndrome, lumbar radiculitis, and lumbar disc degeneration. Treatments to date have included lumbar laminectomy at L1-L5, and oral medications. The medical report dated 01/20/2015 indicates that the injured worker complained of low back pain. A physical examination showed decreased lumbar range of motion, increased pain with range of motion, stiffness and tenderness at the bilateral paravertebral muscles, negative bilateral straight leg raise test, decreased sensation in the right L5 and S1 dermatomes, and a slightly antalgic gait. The treating physician requested Oxycodone 10mg #90 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86  
Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain including a diagnosis of failed back surgery syndrome. She had previously been treated with opioid medications including Duragesic and Percocet. Currently, oxycodone is being prescribed at a total MED (morphine equivalent dose) of 45 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone was medically necessary.