

<b>Case Number:</b>	CM15-0046486		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on October 8, 2008. The injured worker had reported low back pain. The diagnoses have included lumbago, chronic pain and neuralgia/neuritis and radiculitis unspecified. Documented treatment to date has included medications and a urine screen. Current documentation dated February 9, 2015 notes that the injured worker reported bilateral pelvic pain rated at a six out of ten on the visual analogue scale. Musculoskeletal physical examination was not provided. The injured workers pain was noted to be well controlled with medications. The injured worker denied any change in condition from the prior visit. The treating physician's plan of care included a request for Oxycodone/Acetaminophen 10/325 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone-Acetaminophen 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the lower back. The current request is for Oxycodone- Acetaminophen 10/325 mg #90. The treating physician states, Using meds as prescribed, taking Oxycodone 30mg. States pain is well controlled Minimal side effects. (11A) the treating physician also documents that medications give the patient enough relief to perform ADLs. (13B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has not had any side effects or aberrant behaviors, the patient's pain has decreased, rating it only as a 3/10, and the patient is able to perform her ADLs. (10B) the current request is medically necessary and the recommendation is for authorization.