

<b>Case Number:</b>	CM15-0081589		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/09/2000
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 8/9/2000. She reported low back pain. The injured worker was diagnosed as having failed back surgery syndrome, and right sacroiliac joint pain. Treatment to date has included medications, staying active, walking, and biking. The request is for Acetaminophen, and Oxycodone IR. On 3/30/2015, she complained of aggravated hip and back pain. Her current medications are listed as Oxycodone, Lunesta and Acetaminophen. The treatment plan included: Acetaminophen, Lunesta, and Oxycodone. She rated her pain 8-9/10 down to 3/10 with medications. She had physical therapy without noted relief, and reports that medications help her with her daily activities including cooking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tabs of Acetaminophen 325 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

**Decision rationale:** The request is considered not medically necessary. MTUS guidelines state that acetaminophen is recommended to treat chronic pain and acute exacerbations of chronic pain. Her pain medications allowed to function more and perform activities of daily. However, in this limited chart, there was no objective documentation of improvement in pain, such as a decrease in VAS scores. Therefore, the request is not medically necessary.

**120 Caps of Oxycodone Immediate-Release 5 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for oxycodone is not medically necessary. The patient has been on long-term opioid use, taking oxycodone for chronic back and hip pain. The chart does not provide any documentation of objective improvement in pain with the use of oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain with the use of oxycodone, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of oxycodone outweigh the benefits. The request is not medically necessary.