

<b>Case Number:</b>	CM15-0085581		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/04/2012
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: 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 35-year-old male, who sustained an industrial injury on March 4, 2012, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbosacral neuritis, sacroiliac ligament sprain and a lumbar sprain. Lumbar Magnetic Resonance Imaging revealed central disc bulges. Electromyography studies were unremarkable. Treatment included physical therapy, acupuncture, chiropractic sessions, diagnostic imaging, pain medications, neuropathy drugs, anti-inflammatory drugs, antianxiety medications, transcutaneous electrical stimulation unit, and psychotherapy. Currently, the injured worker complained of intermittent low back pain with repetitive bending or walking with prolonged sitting. The pain radiates down into his legs. The treatment plan that was requested for authorization included a prescription for Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #75:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for intermittent radiating low back pain. When seen, pain was rated at 5/10. Medications included oxycodone being prescribed at a total MED (morphine equivalent dose) of less than 20 mg per day and referenced as helpful for pain relief and being used sparingly. Prior medications had included Norco. TENS was also providing temporary benefit. The claimant was noted to be working on a full-time basis. 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 opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management with reported benefit. There are no identified issues of abuse or addiction. The total MED is 120 mg per day consistent with guideline recommendations and the claimant is working. Continued prescribing of oxycodone was medically necessary.