

<b>Case Number:</b>	CM15-0089097		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	12/06/2004
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 6, 2004. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for oxycodone. An April 20, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing complaints of low back pain, 8/10. The applicant's sleep and quality of life were poor, it was reported. The applicant's medication list included Paxil, Neurontin, Flexeril, Ambien, oxycodone, Ativan, and metformin, it was reported. The applicant was obese, with a BMI of 30, it was incidentally noted. Oxycodone was refilled. The applicant was asked to discontinue Ambien and begin Desyrel. The attending provider stated that the applicant's ability to perform activities of self-care and personal hygiene as well as cook and/or clean had been ameliorated as a result of ongoing medication consumption. Oxycodone was renewed, as were the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On February 27, 2015, the applicant again reported ongoing complaints of low back pain with ancillary complaints of tremors and depression. The applicant's medication list included Ambien, Paxil, oxycodone, metformin, Neurontin, Flexeril, benazepril, and Abilify, it was reported. The applicant had reported ongoing issues with depression, it was reported. Once again, the applicant's work status was not furnished. In an earlier note dated January 27, 2015, the applicant's permanent work restrictions were again renewed. It did not appear that the applicant was working with said

limitations in place. The applicant's sleep and activity level had decreased, it was stated on this occasion. The applicant reported 6/10 pain with medications versus 8/10 pain without medications on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 15mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work following imposition of permanent work restrictions, it was suggested above. While the attending provider did recount some low-grade reduction in pain scores from 8/10 without medications to 6/10 with medications on one occasion, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid therapy. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care and personal hygiene as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing oxycodone usage. Therefore, the request is not medically necessary.