

<b>Case Number:</b>	CM14-0127482		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old female who reported an injury on 02/07/2003; reportedly sustained injuries to the lumbopelvic from repetitive lifting of merchandise that resulted in low back pain with radicular component. The injured worker's prior treatment history included surgeries, physical therapy sessions, corticosteroid injections, and medications. A urine drug screen was done on 11/05/2013 that was positive for opioid usage. The injured worker was evaluated on 08/19/2014 and it was documented that the injured worker complained of bilateral lower back pain with the left worse than the right, radiating to the left leg with numbness and paresthesias. Upon physical examination, there was tenderness to palpation of the coccyx. Lumbar and bilateral sacroiliac joints range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Sacroiliac joint provocative maneuvers were negative, except Gaenslen's, Patrick's, pressure at the sacral sulcus, and Yeoman's were positive bilaterally. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's and Hoffman's signs were absent bilaterally. Muscle strength was 5/5 in all limbs. Diagnoses included neuropathic pain, failed back surgery syndrome, left lumbar radiculopathy, status post L4-5 fusion, lumbar sprain/strain, lumbar post laminectomy syndrome, bilateral lateral facet joint arthropathy, L3-4, L5-S1, and L2-3, and bilateral sacroiliac joint pain as diagnosed and confirmed by positive diagnostic fluoroscopically guided bilateral sacroiliac joint injection. Medications included oxycodone 5 mg. It was documented that the injured worker has been on oxycodone 5 mg since 03/2013 to 11/2013 and has remained stable; however, the provider failed to indicate VAS measurements while the injured worker was on medications. The Request for Authorization dated 08/21/2014 was for oxycodone 5 mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg #125, 1-2 tabs po tid prn pain (5 per day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of pain medication management and average pain, intensity of pain, or longevity of pain relief. In addition, there was no documented evidence of conservative care such as, home exercise regimen outcome measurements noted for the injured worker. Given the above, Oxycodone is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines' recommendations. As such, Oxycodone 5 mg #125 is not medically necessary.