

<b>Case Number:</b>	CM14-0149584		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/29/2000
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 29, 2000. Thus far, the applicant has been treated with analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; adjuvant medications; unspecified amounts of physical therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for Oxycodone immediate release. The applicant's attorney subsequently appealed. Oxycodone immediately release was sought via a request for authorization (RFA) form dated July 10, 2014. However, in a report dated July 25, 2014, the applicant was described as using Celebrex, Percocet, Nexium, Soma, and Lyrica. The applicant did have issues with posttraumatic stress disorder. The applicant reported 8/10 pain without medications versus 6/10 pain with medications. The attending provider stated that opioid therapy was ameliorating the applicant's ability to perform activities of daily living. The attending provider stated that the applicant's medications were diminishing his pain complaints by 30%. It was suggested that the applicant was working as a custodian on a part-time basis. Oxycodone, Soma, and Celebrex were apparently renewed. In an earlier note dated April 4, 2014, it was again suggested that the applicant was working as a custodian on a part-time basis and that the applicant was deriving appropriate reduction in pain scores by 25% with ongoing opioid therapy. In an April 2, 2014 medical-legal evaluation, it was suggested that the applicant was working at a mobile home park as a manager and maintenance man.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

**Decision rationale:** 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. In this case, the applicant is reporting 25% to 30% reduction in pain scores with ongoing Oxycodone usage. The applicant's ability to perform activities of daily living, including standing, walking, lifting, have all been reportedly ameliorated with ongoing opioid therapy. Finally, the applicant is apparently maintaining part-time work status as a building manager and maintenance supervisor. All of the foregoing, taken together, does make a compelling case for continuation of Oxycodone. Therefore, the request is medically necessary.