

<b>Case Number:</b>	CM14-0166798		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/19/2007
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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:

This case presents a 65-year-old male with a date of injury on 6/19/2007. A review of the medical records indicates that the patient is undergoing treatment for low back pain, degenerative disc disease, chronic pain syndrome, and depressions. Subjective complaints (8/27/2014) pain in the lower back with radiation rated at 8/10 pain level. Objective findings (8/27/2014) muscle spasms and weakness to lower extremities and antalgic gait. Treatment has included Lortab, Vicodin, and Norco (since at least 10/2013), and epidural injections (2/2014). A utilization review dated 9/9/2014 modified a request for Oxycodone 7.5/325mg #60 with 2 refills down to Oxycodone 7.5/325mg #28.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Oxycodone 7.5/325mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, the request as written is for oxycodone #60 with two refills, which equates to approximately 3 months without any intermittent evaluation and is an excess. The treating physician does not detail reasons why a prescription of this quantity without any interim evaluation is necessary. Closer monitoring is necessary. The original utilization review modified the request for Oxycodone 7.5/325mg #60 with 2 refills down to Oxycodone 7.5/325mg #28, which is appropriate. As such, the request for Oxycodone 7.5/325mg #60 is not medically necessary.