

<b>Case Number:</b>	CM14-0218398		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/31/1972
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury on October 16, 2014. He has reported low back pain. The diagnoses have included status post multi-level revision surgery. Treatment to date has included pain management, physical therapy, and multilevel lumbar revision surgery. Currently, the injured worker complains of substantial back pain and leg radiculopathies. An MRI revealed disc deterioration of L1-2, L2-3 and L3-4. The injured worker reports his pain as a 5/10 after his surgery. On December 15, 2014 Utilization Review non-certified a oxycodone 10 mg #124 noting the CA MTUS Chronic Pain Treatment Guidelines. On December 30, 2014, the injured worker submitted an application for IMR for review of oxycodone 10 mg #124.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #124:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient is status post L4-S1 fusion in 2007 and L1-S1 posterior fusion in 6/16/13. The patient is utilizing Norco and Lisinopril. This is a request for OXYCODONE 10MG #124. There is no discussion regarding the medication Oxycodone in the progress reports provided for review. This appears to be an initial request. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional assessment to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." The requested Oxycodone IS NOT medically necessary.