

<b>Case Number:</b>	CM15-0012823		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	11/01/2001
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: 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 (IW) is a 62 year old female, who sustained an industrial injury on November 1, 2001. She has reported low back and bilateral leg pain as well as non-industrial neck pain and was diagnosed with post laminectomy cervical region syndrome, post laminectomy lumbar region/failed, lumbar spinal stenosis, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar disc disease and pain in the pelvic and thigh region. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, pain medications, treatment modalities and work modifications. Currently, the IW complains of severe low back pain associated with lower extremity pain and syncopal episodes. The injured worker reported an industrial injury in 2001, resulting in severe pain in the back and lower extremities. She also reported non-industrial neck pain. She underwent conservative therapies, intrathecal pain pump placement and surgical procedures without resolution of pain. It was noted she was experiencing episodes of unconsciousness and was going through a syncopal episode work up. On December 10, 2014, evaluation revealed continued severe pain. It was noted she required pain medications to maintain function. On January 13, 2015, Utilization Review non-certified a Oxycodone 30mg #120, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of requested Oxycodone 30mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycodone 30mg #120 is not medically necessary and appropriate.