

<b>Case Number:</b>	CM15-0016851		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/13/1998
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69 year old female, who sustained an industrial injury on 08/13/1998. She has reported low back pain with radiation to the left leg. The diagnoses have included postlaminectomy syndrome of lumbar region, postlaminectomy syndrome of thoracic region; and chronic pain due to trauma. Treatment to date has included medications, transforaminal epidural steroid injection, physical therapy, and surgical interventions. Medications have included Norco, Valium, and Oxycontin. Currently, the injured worker complains of low back pain and buttock pain as well as left lower extremity radiculopathy; and that Norco is no longer helping her. A treating physician's progress note, dated 12/12/2014, reported objective findings to include tender paraspinal muscles and left trochanteric pain; tender sacroiliac joint bilaterally; lumbar and lower extremity range of motion diminished; and sensation to lower extremities diminished to light touch. The plan of treatment includes prescription of Oxycodone; physical therapy pending authorization, and follow-up evaluation in one month. On 12/31/2014 Utilization Review noncertified 1 Prescription of Oxycodone Hydrochloride 10 mg #120 between 12/12/2014 and 2/15/2014. The CA MTUS was cited. On 01/26/2015, the injured worker submitted an application for IMR for review of 1 Prescription of Oxycodone Hydrochloride 10 mg #120 between 12/12/2014 and 2/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Oxycodone Hydrochloride 10mg #120 between 12/12/2014 and 2/15/2015:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Term Users of Opioids, and Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 15 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included surgery and she has diagnoses include post-laminectomy syndrome. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The claimant had previously been treated with Norco which is no longer effective. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) being requested is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of oxycodone was medically necessary.