

<b>Case Number:</b>	CM15-0110492		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54-year-old female, who sustained an industrial injury on November 19, 2001. The injured worker reported falling 30 feet. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration, pain in joint lower leg. Treatment to date has included electromyogram, nerve conduction study, magnetic resonance imaging (MRI), CAT scan, x-rays, multiple surgeries including multiple open reduction internal fixation (ORIF) of fractures, spinal fusions, knee replacement, foot fusion epidural steroid injection, left foot brace, physical therapy and medication. A progress note dated May 20, 2015 provides the injured worker complains of increased low back and pelvic pain due to decrease in Oxycodone. Physical exam notes she is tearful and upset because she ran out of medication. She ambulates with an antalgic gait with use of a cane and has numerous surgical scars. There is left wrist, bilateral hip, and left foot tenderness. The plan includes psychiatric treatment, urology consultation, Oxycodone, paroxetine and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Hcl 10mg #60 with 1 refill:** 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): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone in combination with Oxycontin without documentation of pain scores. The maximum daily amount was reduced from 5/day to 4/day. A Weaning protocol was not mentioned. The continued use of Oxycodone as prescribed is not justified and not medically necessary.