

<b>Case Number:</b>	CM15-0118068		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/20/2001
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, 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 64 year old female, who sustained an industrial injury on 4/20/2001. The mechanism of injury was a fall. The injured worker was diagnosed as having prior anterior cervical discectomy and fusion in 1993 with an extension in 2003, myalgia, chronic pain syndrome, shoulder disorder and cervical post laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, massage, H-wave, injections and medication management. In a progress note dated 6/1/2015, the injured worker complains of left shoulder and neck pain, rated 3/10 with medications and 8/10 without medications. Physical examination showed tenderness to the bilateral shoulder and cervical region. The treating physician is requesting Oxycodone Hcl 15 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL (hydrochloride) 15mg QTY: 90.00:** Overturned

**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): 75-80.

**Decision rationale:** Regarding the request for oxycodone (Roxicodone), Chronic Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function, and reducing the pain from 8/10 to 3/10. The patient has no side effects and has no behaviors of substance abuse. The provider has reviewed the CURES report in 12/2014 and last urine drug screen is completed on 12/2014. Furthermore, there is documentation of recent opioid risk stratification for which the patient received a score of 5. Given this, the currently requested oxycodone (Roxicodone) is medically appropriate and necessary.