

<b>Case Number:</b>	CM15-0123395		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/09/2010
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, Hawaii  
 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 68 year old female, who sustained an industrial injury on 05/09/2010. The injured worker is currently working full-time. The injured worker is currently diagnosed as having low back pain, lumbar disc displacement, lumbar radiculopathy, and synovial cyst. Treatment and diagnostics to date has included ice/heat and non-steroidal anti-inflammatory drugs (NSAIDs). In a progress note dated 01/06/2015, the injured worker presented with complaints of low back pain with radiation of pain to both legs with numbness, paresthesia, and swelling with a pain level of 6/10. It also states that the injured worker has tried ice/heat and non-steroidal anti-inflammatory drugs (NSAIDs) but the pain has not improved. Objective findings include normal gait but ambulates with a walker, paralumbar spasm with tenderness, and limited lumbar range of motion due to pain. The treating physician reported requesting authorization for Oxycodone/Acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/Acetaminophen tablets 10-325mg #150:** 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): 74-96.

**Decision rationale:** The patient presents with low back pain with radiation of pain to both legs with numbness, paresthesia and swelling with a pain level of 6/10. The current request is for Oxycodone/Acetaminophen tablets 10-325mg #150. The treating physician states, in a report dated 01/06/15, "For the pain, the patient is taking narcotics." (22B) The MTUS guidelines for opioid usage requires documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). The treating physician states only that "the quality of the pain is severe. The type of pain is sharp, dull." (22B) The MTUS guidelines require more detailed documentation of the analgesic and functional benefits of chronic opioid usage than found in the medical records provided. The current request is not medically necessary.