

<b>Case Number:</b>	CM15-0124017		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/02/2015
<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

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 45 year old male patient who sustained an industrial injury on 04/26/2001. A primary treating office visit dated 01/13/2015 reported chief complaints of with continued low back pain. The pain medications do help allowing him to care for 5 children and run the household. Current medication regimen consisted of: Norco 10/325mg; soma, Norco 10/325mg, and Oxycodone. Objective assessment showed lumbar spine tenderness, along with facet joint tenderness, decreased flexion and extension and decreased lateral bending. The following diagnoses were applied: lumbago, low back pain; radiculitis, lumbar, thoracic, sciatica, and sacroiliac joint dysfunction. That following visit dated 03/13/2015 reported unchanged subjective complaint. He states using the Oxycodone with severe pain to augment medications without Acetaminophen. Objective assessment is unchanged and the treating diagnoses showed Lumbago, low back pain. The patient returned for follow up on 04/14/2015 requiring medication refills. The Soma noted with reduction to possible BID use and he is ok with the changes. Current medications are: Oxycodone 30 mg one tab every 8 hours daily total of three, and Norco 10/325 mg one tab every 4-5 hours and 6 total daily. The objective assessment and the treating diagnoses remained unchanged. The patient is permanently disabled and is to return for follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that this 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 no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.