

<b>Case Number:</b>	CM15-0126288		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/28/1996
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 (IW) is a 45-year-old female who sustained an industrial injury on 12/28/1996. Diagnoses include lumbar post-laminectomy syndrome; primary fibromyalgia syndrome; and depressive disorder. Treatment to date has included medication, epidural steroid injections, aqua therapy, physical therapy (PT), psychological counseling, spinal surgery and TENS unit. PT and ESI did not help. According to the progress notes dated 5/4/15, the IW reported constant burning, stabbing, throbbing back pain with radiation to the bilateral lower extremities with associated numbness and tingling. She also complained of back stiffness, depression and anxiety. The pain interfered with her sleep. Heat, rest, medications and position changes helped alleviate her pain, but any activity made it worse. She requested a Toradol injection for pain. On examination, she appeared to be in moderate distress. She was depressed, agitated and tearful. The lumbar spine was tender over the paraspinal muscles overlying the facet joints on the left and trigger points were noted in the lower paraspinal muscles. Flexion and extension were limited and painful. Straight leg raise was positive on the left at 45 degrees. A request was made for Oxycodone ER 10mg, #150 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone ER 10mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 270 mg from oxycodone, 180 mg from Oxycontin, and 60 mg from Norco, which far exceeds MTUS recommendations. As such, the request for Oxycodone ER 10mg #150 is not medically necessary.