

<b>Case Number:</b>	CM15-0040328		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

### 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 63-year-old male who sustained an industrial injury on 04/02/2012. Current diagnoses include lumbar radiculopathy, lumbar musculoligamentous injury, lumbar disc disease, anxiety, and depression. Previous treatments included medication management. Report dated 12/05/2014 noted that the injured worker presented with complaints that included lumbar spine pain. Pain level was rated as 7-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included refilling Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Oxycodone 30mg #150, DOS: 12/5/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with moderate to severe lower back pain rated 7-8/10. The patient's date of injury is 04/02/12. Patient has no documented surgical history directed at this complaint. The request is for retrospective oxycodone 20mg #150, dos 12/15/14. The RFA is dated 02/09/15. Physical examination dated 12/05/15 reveals tenderness to palpation and spasms of the lumbar paraspinal muscles with facet tenderness at L4-S1 levels bilaterally. Neurological examination reveals decreased sensation along the L4 and L5 dermatomes bilaterally. The patient is currently prescribed Oxycodone. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Oxycodone prescribed for this patient's chronic lower back pain, the request does not appear to be supported by MTUS. Only one progress note was provided so it is difficult to establish exactly how long this patient has been taking Oxycodone. Progress notes dated 12/05/14 states: "He has taken his medication regularly and has tolerated them well, his medications are helping with his pain, his medication regimen allows him to at least perform his activities of daily living, and the last toxicology report was 3 months ago and was consistent with his prescribed medications." No specific ADL's are mentioned to show significant improvement. No validated instruments or pain scales are provided showing analgesia and functional improvement. No outcome measures are provided as required by MTUS. The request is not medically necessary.