

<b>Case Number:</b>	CM15-0073423		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 61 year old male who sustained an industrial injury on 3/17/10. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having chronic pain syndrome secondary to spinal cord contusion. Treatments to date have included oral pain medication and analgesic. Currently, the injured worker complains of pain in the lower back with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date. The 1/28/15 progress note states that the patient had been able to decrease utilization of Norco from 4 times daily to 3 times daily. Norco was discontinued due to Tylenol effects on liver. Oxycodone 10 mg was prescribed in hopes of changing to oxycodone 5 mg with weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone tab 10 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Oxycodone tab 10 mg Qty 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or significant functional improvement on prior opioids therefore the request for continued use of any opioids such as oxycodone is not medically necessary.