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| <b>Case Number:</b>   | CM15-0074332 |                              |            |
| <b>Date Assigned:</b> | 04/27/2015   | <b>Date of Injury:</b>       | 08/30/1996 |
| <b>Decision Date:</b> | 06/04/2015   | <b>UR Denial Date:</b>       | 03/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/20/2015 |

### 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 65 year old female, who sustained an industrial injury on 8/30/1996. The current diagnoses are post laminectomy syndrome, lumbar radiculitis, and osteoarthritis of the knee. According to the progress report dated 9/23/2014, the injured worker complains of persistent low back and leg pain, left greater than right, associated with burning in the left foot. The pain was not rated. The current medications are Oxycodone and OxyContin, with positive analgesia and function. There are no side effects or aberrant behaviors noted. Treatment to date has included medication management, MRI studies, electro diagnostic testing, home exercise program, epidural steroid injection (no relief), right knee scope, and surgical intervention. The plan of care includes prescription for Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone tab 15mg day supply: 20 Qty 120, refill: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**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) and no indication of monitoring for appropriate medication 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.