

<b>Case Number:</b>	CM15-0074687		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/04/2003
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/08/2015
<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: Arizona, California Certification(s)/Specialty: Family Practice

### 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 56 year old, male who sustained a work related injury on 3/4/03. The diagnoses have included cervical disc degeneration, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement and lumbar radiculopathy. The treatments have included cervical epidural steroid injection, ice/heat therapy, physical therapy, medications, MRIs, and electrodiagnostic studies. In the PR-2 dated 3/3/15, the injured worker complains of pain in his lower back. He describes the pain as sharp, stabbing, burning, constant and radiating. He has pain that radiates down the right leg. There is numbness, paresthesia and weakness noted. He also complains of chronic neck pain. He describes the pain as sharp, stabbing pain with stiffness that radiates to the right arm. He received greater than 60% pain relief from previous cervical epidural steroid injection. The treatment plan is a request for authorization of a cervical epidural steroid injection and for medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone immediate release (IR) 15mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of opioids; When to Continue Opioids; When to Discontinue Opioids; Outcomes measures Page(s): 78, 80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on OxyIR along with NSAIDs for several months without significant improvement in pain (6-7/10) or function. Failure of tricyclics, long-acting analgesics, etc were not noted. Continued use of Oxycodone IR is not medically necessary.