

<b>Case Number:</b>	CM13-0001273		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/25/2001
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54 year old male who reported an injury on 7/25/01. The 5/7/13 clinic note reported a complaint of neck and low back pain. The note states he was experiencing less pain relief. The exam noted his lumbar range of motion was 60 degree flexion and 15 degree extension with sensory deficit in the right C6 and C7 dermatomal distribution. His reflexes were 0/4 to the bilateral biceps, brachioradialis, and triceps. His bicep strength was 3+/5 on the right and 2/5 on the left. His left triceps was atrophied with 2/5 strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 10MG #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OXYCODONE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**Decision rationale:** The California MTUS states that ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted did not address any of the above and therefore, does not meet guidelines. As such, the request is non-certified.

**KADIAN 100MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines KADIAN (MORPHINE SULFATE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**Decision rationale:** The California MTUS states that ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted did not address any of the above and therefore, does not meet guidelines. As such, the request is non-certified.

**MS CONTIN 100 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MORPHINE SULFATE, MORPHINE SULFATE ER, CR.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**Decision rationale:** The California MTUS states that ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted did not address any of the above and therefore, does not meet guidelines. As such, the request is non-certified.