

<b>Case Number:</b>	CM13-0049372		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 53 year old man with a date of injury of 7/23/04. He was seen by his primary treating physician on 9/23/13 and 11/21/13 for back pain related to chronic degenerative joint and disc disorder, radicular pain and anxiety. The records indicate that he is taking a high dose of oxycontin at 80mg BID with 20mg oxycodone up to three times daily and zofran for the nausea from the medications. He had been tapered off valium and had his effexor dose reduced in the past. He stated that on the current regimen, he was doing relatively well though with some increase in anxiety. He was in no distress on physical exam. He had bilateral paraspinal lumbosacral tenderness with palpation and flexion restriction due to pain. His neurologic exam was unchanged. A recent drug screen test was positive for THC and he was counseled re: taking marijuana while on his current medications. He was also awaiting epidural injection approval. At issue in this request is the prescription for oxycodone 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 20MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use;. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** This 53 year old injured worker has chronic back pain with an injury sustained in 2004. His medical course has included long-term use of several medications including narcotics, benzodiazepenes, antidepressants and muscle relaxants. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/21/13 fails to document any improvement in pain or functional status to justify long-term use. He is also having nausea as a side effect and his last urine toxicology screen was positive for THC. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. With his current prescription for oxycontin BID, the oxycodone 20mg is denied as not medically necessary.