

<b>Case Number:</b>	CM13-0050297		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/14/2003
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 48 YO male with date of injury of 11/14/2003. The listed diagnoses per [REDACTED] dated 10/04/2013 are: 1. Rotator cuff tear 2. Sprain of the knee and leg, NOS 3. Lumbosacral neuritis, NOS According to the progress report, the patient complains of severe neck pain and is unable to walk. He also complains of right knee pain. The patient is wearing a right knee brace. The treater notes "tenderness and swelling", but does not specify the location. The treater is requesting a refill for Oxycodone 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF OXYCODONE 30MG, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

**Decision rationale:** This patient presents with chronic back, shoulder and knee pain. The treater is requesting a refill for oxycodone 30mg. The records show that the patient has been taking oxycodone since 2012. For chronic opiate use, the MTUS Guidelines page 88 and 89 require

functioning documentation using a numerical scale or a validated instrument at least once every 6 months. The documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. None of the 372 pages of records contained documentation of average pain, least pain, time it takes for medications to work, duration of pain relief as it relates to medication use as required by MTUS. Furthermore, the treater fails to document functional level using a numerical scale or a validated instrument as required once every six months. Given the lack of documentation as to how this medication has been instrumental in reducing the patient's chronic pain and improving his function, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.