

<b>Case Number:</b>	CM13-0057347		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Practice and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 03/17/2003. The mechanism of injury was not provided. The note dated 12/20/2013 indicated that the patient reported her pain had remained the same since the last visit. The patient continued to have good and bad days. The patient reported that she was taking her medication as prescribed. The patient reported that the medications were controlling some, but not all, of the pain symptoms. Medications provided were Simvastatin 10 mg daily, Atenolol 100 mg daily and oxycodone 5 mg every 6 hours as needed. The diagnoses that were provided were knee pain, low back pain and lumbar disc with radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 120 Oxycodone 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone & On-Going Management Page(s): 78 & 97.

**Decision rationale:** The request for 120 oxycodone 5 mg is non-certified. The California MTUS states that oxycodone is a potentially addictive opioid analgesic medication, and it is a

schedule II controlled substance. In addition, the California MTUS states that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The records provided for review failed to include documentation of measurable pain relief, the occurrence or nonoccurrence of side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Therefore, the request for 120 oxycodone 5 mg is not supported. Therefore, the request is non-certified.