

<b>Case Number:</b>	CM13-0062412		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/22/1996
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Management 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 57-year-old female who reported an injury on 02/22/1996. The mechanism of injury was not submitted. The patient was diagnosed with osteoarthritis of the bilateral hips, bilateral shoulder, depression, insomnia, vitamin D deficiency, complex regional pain in all 4 extremities, status post spinal cord stimulator, and severe chronic widespread pain. The patient rated her pain at a 5.5/10 with medications and a 10/10 without medications. The patient reported neck pain with radiating pain to the bilateral upper extremities and low back pain with radiating pain to the bilateral lower extremities. The patient reported the pain had worsened since the last visit. The patient reported continued limitations with activities of daily living to include self care and hygiene, activity, ambulation, hand function and sleep. The patient was recommended Oxycodone HCL 5 mg #300.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCL 5MG #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74 and 78-98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-going Management Section Page(s): 78.

**Decision rationale:** The California MTUS states 4 domains have been proposed as most relevant for ongoing monitoring for chronic pain patients on opiates: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient complained of neck pain with radiating pain to the upper extremities and low back pain with radiating pain to the bilateral lower extremities. However, the clinical documentation submitted for review does not show an improvement in the patient's pain or an improvement in the patient's function level. Given the lack of documentation to support guideline criteria, the request is non-certified.