

<b>Case Number:</b>	CM13-0068658		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/15/2007
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 and Rehabilitation 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 injured worker is a 29 year old female who reported a low back injury on 01/15/2007; the mechanism of injury was not found within the submitted documents. Within the clinical note dated 10/30/2013 the injured worker reported pain across her lower back with pain radiating to the lower extremities. The physical exam reported a positive straight leg test bilaterally. The request for authorization was not found in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325 MG #42:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 98.

**Decision rationale:** The request for Hydrocodone/APAP 10/325mg is non-certified. The CA MTUS guidelines recognize four domains that 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 non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug

screens to validate proper medication adherence in the submitted paperwork. In addition there is a lack of documentation quantifying the intensity of the pain with or without the pain medication. Lastly, the injured worker did not show significant objective signs of functional improvement while utilizing the medication. Hence, the request is non-certified.

**OXYCODONE 30 MG # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 98.

**Decision rationale:** The request for Oxycodone 30 mg #120 is non-certified. The CA MTUS guidelines recognize four domains that 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 non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition there is a lack of documentation quantifying the intensity of the pain with or without the pain medication. Lastly, the injured worker did not show significant objective signs of functional improvement while utilizing the medication. Hence, the request is non-certified.