

<b>Case Number:</b>	CM14-0002247		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/23/2008
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesia has a subspecialty in Acupuncture and Pain Medicine 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 reported a date of injury of 11/23/08 with lower back pain. MRI of the lumbar spine dated 8/15/12 revealed multilevel degenerative disc disease. At L4-L5, a large posterior disc bulge w/ a focal right paracentral extrusion is noted. At the level of the disc extrusion there is moderate severe central canal narrowing. The degenerative findings are superimposed on a congenitally narrowed canal on a developmental basis. There is moderate severe right neural foraminal narrowing. At L5-S1, mild to moderate degenerative disc disease and facet hypertrophy contributes to moderate severe right and moderate left neural foraminal narrowing. At L3-L4 there is an annular disc bulge w/ a high intensity zone/annular fissure. There is facet hypertrophy. There is mild bilateral neural foraminal narrowing. There is moderate central canal narrowing. EMG/NCS dated 2/27/09 revealed evidence suggestive of a chronic lumbar radiculopathy primarily involving the bilateral L3, L4 & right L5 & S1 nerve roots. He has been treated with acupuncture, epidural steroid injection (5/2012, 2/2012), and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 15MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78,92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four 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. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." Review of the available medical records reveal no documentation to support the medical necessity of Oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The last recorded UDS dated 11/9/11 was positive for THC, and ethyl glucuronide, a metabolite of alcohol. On going UDS testing would have been indicated throughout his treatment with opioids. There is no documentation comprehensively addressing these concerns in the records available for my review. The request for Oxycodone 15mg #90 is not medically necessary.