

<b>Case Number:</b>	CM14-0007269		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/22/2005
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Occupational 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:

This is a 48-year old female injured worker with a 12/22/05 date of injury. The mechanism of injury was not provided. The documentation received consists solely of Utilization Review reports. There were no progress reports, lab test results or any other information provided in the records. A 1/6/14 progress report indicated that the injured worker complained of pain in the lower back, which radiated to the left leg, 8/10. Objective findings demonstrated limited range of motion. Straight leg rising was positive at 40 degrees. The injured worker was diagnosed with low back pain with radiculopathy. The weaning process was recommended in prior reviews, but apparently it was not started. Treatment to date: medication management. There is documentation of a previous 1/17/14 adverse determination, based on the fact that the injured worker has been allowed ample time to wean from Oxycodone, this medication was no longer medically cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no ongoing assessment of efficacy. In addition, there was no documentation to support the initiation of weaning process, which was recommended in prior reviews. There was no correlation of objective functional improvement or significant pain relief. There was no documentation of CURES monitoring, opiate pain contract or urine drug screens. Therefore, the request for Oxycodone 5mg #90 is not medically necessary.