

<b>Case Number:</b>	CM14-0008439		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	06/27/1996
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2014

### 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 Orthopedic Surgery 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 claimant is a 56-year-old male who was injured on June 27, 1996. The December 19, 2013 progress note indicates that the claimant returns with low back and left lower extremity pain. The clinician indicates that the claimant has significant improvement in both pain and function on the treatment regimen. The clinician specifically addresses the use of medication and has the claimant provide functional ratings using the pain disability index. Current medications include Ambien, baclofen, fentanyl 100 µg/hr, lidocaine, oxycodone 10/325mg 6 tablets daily, tegaderm. The physical examination documents diminished lumbar range of motion. The remainder of the examination is documented as being normal. The MED of the medications if taken as prescribed is 330 mg. The clinician specifically addresses these concerns on the clinical note dated January 21, 2014. The reviewer specifically sets MTUS of opioid guidelines for support of continued use of this medication. The review in question was rendered on January 8, 2014. The reviewer denied the request noting that no physical examination findings were submitted with the progress notes. The reviewer indicates that the compensable injury was a lumbar sprain/strain and should've resolved within 12 weeks of the date of injury. Discussion with the treating clinician indicates the claimant is status post lumbar spine surgery, social assistance of conservative treatment including medications, epidural steroid injections, spinal cord stimulator, and pain psychology. The reviewer indicates that the current symptoms have no relationship to the compensable injury and that the dose is too high. The reviewer recommends weaning the dose down, but the clinician indicates that the claimant will continue to be prescribed 180 tablets of oxycodone 10/325 mg or 6 tablets daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE-ACETAMINOPHEN 10/325 MG #180:** 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 Page(s): 74-96.

**Decision rationale:** This review is intended to address medical necessity not causality. The treating clinician is a board-certified pain management specialist and has specifically documented objective functional improvement in the subjective portion using the PDI. Additionally, the MTUS supports this request and although the MED is 2.5 times the recommended limit, the patient is tolerating medications well and their use falls within the opioid guidelines. As such, the request is considered medically necessary.