

<b>Case Number:</b>	CM14-0101872		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 39-year-old male with a reported date of injury on 12/18/2012. The mechanism of injury was a slip and fall. The injured worker was diagnosed with lumbar herniated disc. Prior treatments included physical therapy, injections, has had surgery, aquatic therapy, the use of NSAIDs, gabapentin and he has been referred to cognitive behavior for coping. The injured worker had an examination on 06/04/2014 with complaints of worsening low back pain, buttock pain and posterior thigh pain bilaterally to the calf. Upon examination, it was noted that he had developed significant muscle spasms on a daily basis and felt sharp pain in the low back and in the buttocks. The injured worker had joint pain, swelling, instability, stiffness, muscle pain, and numbness and tingling. The injured worker had a positive straight leg raise bilaterally at 30 degrees. He rated his pain as moderate, but he did report that he needed some assistance but he was able to manage most of his personal care. The injured worker's medication regimen consisted of naproxen, oxycodone, gabapentin and Norco. The recommended plan of treatment was to renew his medications, start a behavioral cognitive management program, and obtain a new MRI scan of the lumbar spine. The Request for Authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 78-80 Page(s): 78-80.

**Decision rationale:** The California MTUS Guidelines recommend ongoing monitoring of Opioids. The guidelines note there should be documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potential aberrant or non-adherent drug related behaviors. The California MTUS Guidelines also recommend discontinuing opioids when there is no overall improvement in function. It is also recommended for chronic back pain that opioids appear to be efficacious for short term pain relief and long term efficacy is unclear for greater than 16 weeks. There is a lack of documentation of the efficacy of the medication. An adequate and complete pain assessment was not provided within the medical records. The side effects were not assessed. A urinalysis was performed on 03/12/2014 which was negative for all drugs and medications which is inconsistent with the injured worker medication regimen. There was no documentation of overall improvement and the injured worker did complain of worsening low back pain bilaterally to the thigh. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, Oxycodone 5 mg #60 is not medically necessary.