

<b>Case Number:</b>	CM14-0108418		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/18/1994
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2014

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 11/18/1994. The mechanism of injury was when the injured worker lifted heavy ceiling tiles overhead. The diagnoses included low back pain, facet joint arthropathy, degenerative disc disease, post laminectomy syndrome, chronic pain syndrome, hypertension, rotator cuff syndrome, opioid drug and any other drug dependency. The previous treatments included medication, physical therapy, surgery, and injections. Within the clinical note dated 06/16/2014, it was reported the injured worker complained of right leg pain, status post lumbar surgery. The injured worker complained left leg continued to be more bothersome than right. The injured worker complained of tenderness at the healed surgical incision. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the cervical spine. The provider noted the injured worker's range of motion had some stiffness/tenderness. Upon the physical exam, the provider noted the injured worker had tight/tender trapezii bilaterally. The range of motion was noted to be forward flexion at 40 degrees. Upon examination of the lumbar spine, the provider noted the injured worker had tenderness over the midline scar. The injured worker had decreased pelvic rotation on forward flexion. The provider indicated the injured worker had tenderness of the bilateral sciatic and tibial nerves, left greater than right. The provider noted the injured worker had a positive straight leg raise. The request submitted is for Oxycodone and Oxycontin for pain. The Request for Authorization was provided and submitted on 06/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Oxycodone 30mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment in the case of issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the submitted documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant objective findings. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Oxycontin 80mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin (Oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Oxycontin 80mg #270 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment in the case of issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the submitted documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant objective findings. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.