

<b>Case Number:</b>	CM14-0013618		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/02/1994
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 50 year old male with a 2/2/94 date of injury. The patient was seen on 1/21/14 with complaints of ongoing pain unchanged since the last visit. His pain ranges from a 4-8/10 with medications and an 8-10/10 without them. The patient is on MS Contin 30 mg 5 tablets TID and Oxycodone IR 5 mg 2 tablets TID. Exam findings indicate moderate tenderness across the lumbosacral region, spine range of motion is decreased by 25%, straight leg raise is positive on the left. Strength is 5/5 throughout. The diagnosis is failed back syndrome, chronic pain syndrome Treatment to date: medications, surgery The UR decision dated 1/29/14 modified the request from Oxycodone 5 mg #180 to #135 given there was no documentation to support ongoing pain control and functional gains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF OXYCODONE IR 5MG, #180:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain 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. This patient has a 1994 date of injury and an MED of 720, which is far beyond the limit of 120 to avoid adverse drug events. This patient has been at this opiate dose chronically and there has been no significant change in his pain levels or functional gains. There is no mention of a long-term pain management plan to try and taper his opiate use. The UR decision allowed for #135 tablets of Oxycodone to allow for a taper, as the patient is also taking Oxycodone 30 mg 5 tablets TID in addition to this medication. There is no justification for 180 tablets of Oxycodone 5 mg at this point. Therefore, the request is not medically necessary.