

<b>Case Number:</b>	CM14-0018010		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 ABFP 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:

64 yr. old male claimant sustained a work injury on 8/17/07 resulting in a fall involving the lower back and shoulder. He has a diagnosis of cervical disk degeneration and lumbar disk degeneration. He had undergone lumbar disk decompression for spinal stenosis as well as a laminectomy and a C4-C5 discectomy. His pain was managed with topical analgesics. An exam note on 10/29/13 stated the claimant had continued back pain and was sedentary at home. His exam findings included 6/10 pain, tenderness over the trapezius muscles and ileolumbar region. He was given a prescription for Oxycodone 10 mg every 6 hrs for pain # 120. The claimant remained on Oxycodone and an exam note on 11/26/13 indicated continued 8/10 pain and reduced range of motions in the same regions as the prior examinations. The Oxycodone was continued at the same dose and frequency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 10MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Section, Trigger Point Injections Section, Page 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 82-93.

**Decision rationale:** In this case, the claimant did not have improvement in function or pain level after 1 month of use. In addition, failure of 1st line medications such as Tylenol or NSAID has not been noted. As a result, continued used of Oxycodone is not medically necessary.