

<b>Case Number:</b>	CM14-0115699		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 and 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 44-year-old who reported an injury on February 6, 2003. The mechanism of injury was not provided. On June 25, 2014, the injured worker presented with left leg pain. The diagnoses were lumbago, depressive disorder, insomnia unspecified, spondylosis of unspecified site without mention of myelopathy, neuralgia, arthropathy, displacement of intervertebral disc. Upon examination, the injured worker was alert and oriented and was standing, leaning on a counter during the office visit. The provider recommended oxycodone, the provider stated that the medication is for pain and appropriate while awaiting definitive treatment. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior and side effects. The injured worker has been prescribed oxycodone since at least 2012, the efficacy of the medication has not been established. A complete and adequate pain assesment of the injured worker was not provided. Additionally, the providers request does not include the frequency of the medicine in the request as submitted. As such, the request for Oxycodone 30mg ninety count is not medically necessary or appropriate.