

<b>Case Number:</b>	CM14-0125293		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 54 year old male who was injured on 11/28/2007. The diagnoses low back pain, failed back syndrome and status post L5-S1 fusion. There are associated diagnoses of anxiety, depression and hypogonadism. The patient had completed PT and aquatherapy treatments. On 1/14/2014 [REDACTED] noted subjective complaints of excessive increase in pain. The pain score was noted to be 6.5-7/10 on a scale of 0/10. On 2/11/2014, the patient complained that he did not like MSIR opioid because he was too drowsy with the combined oxycodone / MSIR regimen. On 3/12/2014, the records indicate that the patient was still utilizing oxycodone and MSIR. A UDS on 3/21/2014 was inconsistent with negative tests for both oxycodone and morphine. On 4/11/2014, the patient reported that he was started on Norco after oxycodone and morphine was discontinued during a recent hospitalization. On 7/11/2014, there was subjective complaint of constipation. A prescription for oxycodone and Norco was given. A Utilization review determination was rendered on 7/28/2014 recommending modified certification for oxycodone 30mg #60 to #30 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone tablet 30mg day supply Quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT, Opioids Page(s): 74-96, 124.

**Decision rationale:** The CA MTUS recommend that opioids can be beneficial in the treatment of exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment when the patient have exhausted surgical and non opioids medications options. The records indicate that the patient is reporting significant side effects of chronic opioids treatment including constipation, hypogonadism and drowsiness. The patient was utilizing 8 Norco a day after morphine and oxycodone as discontinued during hospitalization in April 2014. The records now indicate that the patient has resumed utilization of the discontinued medications in addition to the Norco. The UDS on 3/21/2014 was inconsistent with negative results for oxycodone and morphine. The criteria for the use of oxycodone 30mg #60 as not met.