

<b>Case Number:</b>	CM14-0175841		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 gentleman of an unspecified age (date of birth was not provided) with a date of injury of 07/28/2009. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 04/09/2014, 06/05/2014, and 09/17/2014 indicated the worker was experiencing lower back pain, left hip pain, pain in both thighs, and numbness in both legs and feet. [REDACTED] note dated 04/09/2014 described decreased motion in the lower back joints and limping with a cane; the other notes recorded no examination. The submitted and reviewed documentation did not identify the cause(s) of the worker's symptoms. Treatment recommendations included opioid pain medication and follow-up care every several months. A Utilization Review decision by [REDACTED] was rendered on 10/08/2014 recommending non-certification for Oxycodone/APAP 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 10/325mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision Web Edition and the Official Disability Guidelines (ODG): Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** Oxycodone with Acetaminophen is a combined medication that includes an opioid and another pain reliever. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted documentation recorded minimal pain assessments at best with none of the above aspects included. No examination was recorded in most of the office visit notes submitted for review. There was no discussion indicating functional improvements or improved quality of life with the use of this medication. These records also did not provide an individualized assessment of the worker's risk from continued use. In the absence of such evidence, the current request for Oxycodone/APAP 10/325mg #120 is not medically necessary.