

<b>Case Number:</b>	CM14-0179472		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 08/01/2001. The mechanism of injury was a fall. His diagnoses include cervical discogenic disease with fusion, lumbar discogenic disease with fusion, and ongoing cervical and lumbar pain. His past treatments and diagnostic studies were not provided. Relevant surgical history was not provided. On 09/29/2014, the injured worker reported that his pain was adequately managed with medication. The physical exam findings revealed decreased range of motion in the cervical spine with spasm and severe bilateral trapezius muscle spasm. The lumbar spine was also noted to have decreased range of motion as well as a positive straight leg raise bilaterally. His current medications were noted to include oxycodone and tramadol. A request was received for oxycodone 10 mg and tramadol 200 mg. A rationale was not provided. A Request for Authorization form was not submitted for review.

### 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: regarding Oxycodone.

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

**Decision rationale:** The request for oxycodone 10mg, #120 is not medically necessary. The California MTUS Guidelines recommend documented monitoring for ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. Although there was documentation of urine drug screen, the test in 08/2014 was negative for oxycodone, which is conflicting with the request for additional medication. Additionally, there was insufficient documentation to show quantified pain relief, an assessment for side effects, and significant objective functional improvement. Furthermore, the request did not indicate the frequency at which the medication is prescribed. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for oxycodone 10mg, #120 is not medically necessary.

**Tramadol 200mg, #60:** Upheld

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

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

**Decision rationale:** The request for tramadol 200mg, #60 is not medically necessary. The California MTUS Guidelines recommend documented monitoring for ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. Although there was documentation of urine drug screens to indicate medication compliance with tramadol, there was insufficient documentation to show quantified pain relief, an assessment for side effects, and significant objective functional improvement. Furthermore, the request did not indicate the frequency at which the medication was prescribed. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for tramadol 200mg, #60 is not medically necessary.