

<b>Case Number:</b>	CM14-0021974		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/20/1996
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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, 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:

The injured worker is a 44 year old male injured on 09/20/96 while digging a trench with a pick causing low back pain. Current diagnoses included failed low back syndrome status post fusion. Clinical documentation dated 12/17/13 indicated the injured worker presented for reevaluation following a diagnosis of pneumonia and treatment with antibiotics. Physical examination revealed negative straight leg raise, negative drop foot, motor 5/5, limited range of motion of the lumbar spine, and tenderness at L2-5 bilaterally. Plan of care included continued Norco 10-325mg Q four hours, soma 350mg BID, and Roxicodone 30mg Q six hours. Clinical documentation dated 01/28/14 indicated the injured worker presented for reevaluation with a flare up of lumbar spine pain. The injured worker attempted multiple pain medications in the past. Objective findings remained unchanged from previous clinical documentation. Plan of care included discontinued Norco and Roxicodone with initiation of Percocet 10mg Q four hours and MSIR 30mg Q six hours. The injured worker would continue soma 350mg BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 TABLETS OF OXYCODONE/APAP 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request is not medically necessary and appropriate.