

<b>Case Number:</b>	CM14-0032432		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/25/2000
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Management, 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:

According to the records made available for review, this is a 51-year-old female with an 8/25/00 date of injury, and status post microdiscectomy 01. At the time (2/25/14) of request for authorization for Oxycodone HCL 30 mg 1 Q6 hours, there is documentation of subjective (mid back pain, lower backache, bilateral hand pain, right anterior/posterior leg pain, left rib pain, and buttocks pain) and objective (motor testing limited by pain) findings, current diagnoses (sciatica, lumbar disc disorder, lumbar post laminectomy syndrome, low back pain, depression and anxiety, and chronic pain syndrome), and treatment to date (home exercise, massage, TENS, trigger point injections, and medications (including ongoing use of Oxycodone since at least 8/13)). 1/16/14 medical report identifies that the patient is taking medications as prescribed, that no medication abuse is suspected, and that the patient reports functional benefit with pain medications. There is no documentation that the prescriptions are from a single practitioner, that the lowest possible dose is being prescribed, and specific measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Oxycodone use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 30 mg 1 Q6 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sciatica, lumbar disc disorder, lumbar post laminectomy syndrome, low back pain, depression and anxiety, and chronic pain syndrome. In addition, there is documentation that the prescriptions are taken as directed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed. In addition, given medical records reflecting prescription for Oxycodone since at least 8/13, and despite documentation that the patient reports functional benefit with pain medications, there is no documentation of specific measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone HCL 30 mg 1 Q6 hours is not medically necessary.