

<b>Case Number:</b>	CM14-0040584		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	05/10/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 patient is a 54 year old male who was injured on 08/19/2004. The mechanism of injury is unknown. The patient sustained an injury to his low back. Prior treatment history has included Oxycodone 30 mg, Norco, Relpax, Soma, and Valium; Injections which helped a lot with decreasing the pain. PR2 dated 11/20/2013 stated the patient continued to have low back pain, rated at 8/10. He stated the trigger points help with the patient pain. He stated that he had been having pain in the right shoulder for approximately 2 months. Examination of the lumbar spine revealed spasm, painful range of motion, as well as limited range of motion; Positive Lasegue bilaterally; Positive straight leg raise on the right to 60 degrees and on the left to 50 degrees; decreased sensation bilaterally at L4-5 and L5-S1. There was pain bilaterally at L4-5 and L5-S1. The patient was diagnosed with Lumbar discogenic disease with radiculitis, chronic low back pain, and intractable pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 30MG, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The Expert Reviewer's decision rationale: The medical necessity of ongoing oxycodone therapy is not established. The patient has had chronic 8/10 pain and it has not significantly improved with ongoing narcotic therapy. There was inadequate documentation to demonstrate improved functioning and if the patient was able to hold a job with the medications. Additionally, there was no documentation of any side effects or aberrant drug behavior. The patient is also prescribed Norco and it is not clear why dual narcotic therapy is indicated. Given the lack of information, the request is not certified.