

<b>Case Number:</b>	CM14-0048343		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/23/1992
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Occupational 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:

Patient is a 56 year-old male with date of injury 03/23/1992. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/28/2014, lists subjective complaints as pain in the low back and bilateral legs. Objective findings: Examination of the lumbar spine revealed decreased range of motion due to pain and sensory deficits in L5-S1. Straight leg test was positive bilaterally. Diagnosis: chronic pain syndrome, post laminectomy pain, back pain and lumbar with radiculopathy, failed back surgery, lumbar, back pain, lumbar, chronic, degenerative disc disease, lumbar, depression, multiple back operations and hypogonadism. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as one year. Medications: 1. Oxycodone HCL 30mg SIG: 3 tabs every 8 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore the request is not medically necessary.