

<b>Case Number:</b>	CM14-0055036		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/04/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 40 year-old individual was reportedly injured on 7/4/2007. The mechanism of injury is noted as a twisting injury. The most recent progress note, dated 4/7/2014 indicates that there are ongoing complaints of low back pain and right knee pain. The physical examination demonstrated: allodynia and hyperpathia in the right leg compared to left and positive antalgic gait. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, injections, nerve blocks, bracing, medication, and surgery. A request had been made for oxycodone IR 40 mg #60, oxycodone IR 15 mg #180, and was not certified in the pre-authorization process on 4/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Immediate Release 40mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

**Decision rationale:** MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the

lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

**Oxycodone Immediate Release 15 mg, QTY: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

**Decision rationale:** MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.