

<b>Case Number:</b>	CM14-0068797		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/04/1994
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 71-year-old female was reportedly injured on 8/4/1994. The mechanism of injury was not listed. The most recent progress note, dated 3/27/2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated tenderness to cervical, thoracic and lumbar spine with muscle spasms, limited cervical and lumbar range of motion, positive straight leg raising test, 3/5 to 4/5 upper extremity power, 2/5 to 3/5 lower extremity power and tenderness to the wrist, thumb, right hip, knees and left ankle with hypoesthesia to the right foot. No recent diagnostic imaging studies available for review. Diagnoses: Neck pain, cervical/thoracic and lumbar degenerative disk disease, and bilateral knee pain felt to be due to degenerative arthritis. Previous treatment included laminectomy, Toradol injection and medications to include Oxycodone 5 mg. A request had been made for Oxycodone 5 mg #60 and was modified for #20 in the pre-authorization process on 5/13/2014 for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone and Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127.

**Decision rationale:** MTUS guidelines support 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 neck and low back pain after an injury in 2007; however, there is no clinical documentation of improvement in the pain or function with the current regimen. Therefore, this request is considered not medically necessary.