

<b>Case Number:</b>	CM14-0085007		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 52-year-old female with a 2/9/09 date of injury. At the time (5/16/14) of request for authorization for Oxycodone 15mg #150, there is documentation of subjective (chronic neck and low back pain) and objective (lumbar spine tenderness, painful lumbar extension and rotation, positive Fabere test, reduced cervical spine range of motion, tenderness, and positive Spurling) findings, current diagnoses (cervical spondylosis, low back pain, cervical spine pain, sacroilitis, lumbosacral spondylosis without myelopathy, fibromyalgia/myositis, cervicalgia, facet joint syndrome), and treatment to date (medications (including ongoing use of oxycodone since at least 2/14)). A 4/29/14 medical report identifies that with opioid medication the patient notes improvement in sitting tolerance 10%, standing tolerance 40%, walking tolerance 40%, lifting tolerance 30%, household chore tolerance 30%, and work tolerance 30%. In addition, 4/29/14 medical report identifies 4/1/14 urine drug screen was consistent and that there are no side effects. There is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 75-85.

**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 cervical spondylosis, low back pain, cervical spine pain, sacroilitis, lumbosacral spondylosis without myelopathy, fibromyalgia/myositis, cervicgia, facet joint 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. Furthermore, given documentation of improvement in sitting tolerance 10%, standing tolerance 40%, walking tolerance 40%, lifting tolerance 30%, household chore tolerance 30%, and work tolerance 30%, there is documentation of functional benefit or improvement as a result of Oxycodone use to date. However, there is no documentation that the prescriptions are from a single practitioner and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 15mg #150 is not medically necessary.