

<b>Case Number:</b>	CM14-0090134		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56 year old male who had a work related injury on 03/20/03. There was no there the mechanism of injury was not described. Prior utilization review dated 08/27/14 was denied due to lack of clinical information. Utilization review prior to that on 06/06/14 was modified to initiate taper and weaning. Current request was for oxymorphone 10mg #120 one refill. The most current clinical record submitted for review was dated 05/20/14 the injured worker presented with chronic low back pain. Medications were helpful. No side effects. He was able to do housework. He presented with low back and leg pain. It was located left leg sciatic and right leg sciatic. It was described as constant. The pain scale was 7/10 with medication. Current medication was oxymorphone 10mg tablets one Q four hours PRN for pain. Which made his MED 240mg per day. Physical examination the injured worker complained of can perform some house or yard work which was limited, could perform self-care and was able to drive. He complained of back pain, sciatica, myalgias, muscle weakness, stiffness, and joint complaint. On examination he had tenderness in the lumbar spine, facet joints, decreased flexion/extension. Tenderness of bilateral sacroiliac joints. Full strength in left upper extremity diagnosis lumbago. Pain foot, leg, arm, and finger. Radiculitis lumbar spine and thoracic spine. Current request was for oxymorphone 10mg #120 one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone 10mg #120 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids, page(s) 77 Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Therefore, the request is not medically necessary.