

<b>Case Number:</b>	CM14-0090530		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/23/2014
<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 Family Medicine and is licensed to practice in Arizona. 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 47 year old male with a date of injury on 12/5/2008. Diagnoses include lumbar radiculopathy, anxiety disorder, brachial neuritis, and chronic pain syndrome. Subjective complaints are of increasing pain that is diminishing the patients function. Physical exam shows cervical paravertebral muscle tenderness with spasm and decreased range of motion. There is a positive Spurling's on the left. The lumbar spine has paravertebral muscle tenderness and spasm, with decreased range of motion and reduced sensation in the L5 dermatomes. Straight leg raise test is positive bilaterally. Medications include hydrocodone/apap 10/325mg 2 tablets twice a day, ketoprofen, omeprazole, Lidoderm, Amrix, Oxycontin 40mg twice a day, and oxycodone IR 10mg three times a day. Records indicate that pain medication helps ease pain and allows for the patient to engage in personal activities and work, yet documentation indicates that the patient remains in severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL IR 10 mg (take 1 3x/day) #120 for the purpose of taper to a lower dose:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic, Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, urine drug screens, and ongoing efficacy of medication. This patient is taking a morphine equivalent dose (MED) of 205. According to CA MTUS a MED greater than 120 has higher risk for morbidity and mortality. Furthermore, there is documentation that pain is worsening in spite of treatment. For this patient, there is no demonstrated objective improvement in pain or function from long-term use of this medication. For these reasons, the requested oxycodone is not medically necessary.