

<b>Case Number:</b>	CM14-0189404		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/07/2009
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational 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:

Patient is a 52 year-old male with date of injury 02/07/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/05/2014, lists subjective complaints as pain in the low back. Objective findings: Patient appeared alert and oriented without overt signs of intoxication or sedation. The patient's gait and movements were within baseline for their level of function. Patient appeared neurologically intact without apparent gross deficiencies that were altered from their baseline level of function. No other physical examination findings were documented by provider. Diagnosis: 1. Postlaminectomy syndrome of lumbar region 2. Pain in thoracic spine 3. Osteoarthritis, unspecified site 4. Drug dependence 5. Chronic pain syndrome 6. Encounter for long-term use of other medications 7. Tobacco use disorder 8. Sleep disturbance 9. Depressive disorder 10. Lumbosacral spondylosis without myelopathy 11. Lumbago 12. Thoracic or lumbosacral neuritis or radiculitis. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as one year. Medication is Oxycodone HCL 20mg, #120 SIG: 1-2 tid prn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 20mg quantity 120, 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last year. Oxycodone HCL 20mg quantity 120, 2 refills is not medically necessary.