

<b>Case Number:</b>	CM15-0002078		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/10/2002
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old male who reported an injury on 12/10/2002. The mechanism of injury was not provided. His diagnoses included lumbago, low back pain, lumbosacral disc degeneration, and myofascial pain syndrome/fibromyalgia. His past treatments included medications, vocational rehabilitation, and work/activity modification. On 11/18/2014, the patient was seen for a followup evaluation. He reported continued lower back pain with low energy and ED symptoms. Physical examination revealed tenderness to the lumbar spine, facet joint, decreased flexion, extension, and lateral bending. Current medications were noted to include oxycodone 15 mg taken every 4 to 5 hours and OxyContin 30 mg taken every 8 hours. The treatment plan included continuation of medications, urology evaluation, and a followup visit. The request was received for oxycodone 15 mg #180 and OxyContin 30 mg #90. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for oxycodone 15mg #180 is not medically necessary. The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated that the injured worker has been taking oxycodone since at least 09/30/2014. However, there was no documentation with evidence of pain relief, side effects, or physical and psychosocial functioning. Given the absence of the information indicated above, the request is not supported. Therefore, the request for oxycodone 15mg #180 is not medically necessary.

**OxyContin 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for OxyContin 30mg #90 is not medically necessary. The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated that the patient has been taking OxyContin since at least 09/30/2014. However, there was no documentation with evidence of pain relief, side effects, or physical and psychosocial functioning. Given the absence of the information indicated above, the request is not supported. Therefore, the request for OxyContin 30mg #90 is not medically necessary.