

<b>Case Number:</b>	CM15-0006553		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/05/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old female who reported an injury on 02/05/2001. The mechanism of injury was not provided. Her diagnoses were noted to include unspecified myalgia and myositis, depressive disorder, chronic disseminated shingles, biceps tendon rupture and rotator cuff sprain/strain. Past treatments were noted to include medications. On 01/05/2015, the injured worker had complaints of pain that she rated 10/10. She indicated that her medications were working, and experienced no side effects. Upon physical examination, it was indicated the injured worker had no tenderness or decreased range of motion to any body part. Medications were noted to include Soma, diazepam, Vicoprofen, Opana and oxymorphone. The treatment plan was noted to include medication and a toxicology screen. A request was received for oxymorphone 15mg without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone 15mg:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the directions of the 4 A's. The 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs, with and without the use of this medication, and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for oxymorphone 15mg is not medically necessary.