

<b>Case Number:</b>	CM15-0134681		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/22/2002
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 52 year old male, who sustained an industrial injury on January 22, 2002. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment and evaluation to date has included medications, radiological studies, topical analgesics, epidural steroid injections and a lumbar fusion. The injured worker was not working. Current documentation dated June 10, 2015 notes that the injured worker reported constant low back pain with radiation to the bilateral lower extremities, bilateral buttock pain and bilateral groin pain. Associated symptoms included numbness and tingling. The pain was rated a six out of ten on the visual analogue scale with medications. The medications were noted to help the injured worker to do activities of daily living, including walking, cooking, laundry and getting dressed. Examination of the lumbar spine revealed tenderness of the lumbosacral spine and gluteus maximus region. Range of motion was noted to be painful in all directions. The treating physician's plan of care included a request for Oxycodone-Acetaminophen 10-325 mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/Acetaminophen 10/325 mg Qty 120, 1 by mouth every 6 hrs as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Oxycodone or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 7/9/15, it was noted that the last urine toxicology screen was appropriate; however there was no report available. With regard to medication history, the injured worker has been using this medication since at least 5/2014. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.