

<b>Case Number:</b>	CM15-0139080		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/10/2001
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 72 year old male, who sustained an industrial injury on 7-10-2001. The mechanism of injury is not described. The current diagnoses are intervertebral lumbar disc disorder with myelopathy, degeneration of cartilage and meniscus of knee, anxiety, depression, gastritis, and rotator cuff dysfunction. According to the progress report dated 6-9-2015, the injured worker complains of low back and bilateral knee pain. His back pain continues to wax and wane, overall the same, controlled by medication, allowing for slow walking with cane and minimal activities of daily living. There is intermittent radiation of pain down his bilateral lower extremities to the level of his feet. He reports bilateral knee soreness, locking, and giving way. The pain is rated 7 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals moderate paralumbar myospasms. The current medications are Excedrin migraine, Duexis, Prozac, trazadone, Oxycodone, Valium, Zofran, and Gabapentin. There is documentation of ongoing treatment with Oxycodone since at least 3-17-2015. Treatment to date has included medication management. Work status is described as permanent and stationary. A request for Oxycodone has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-80.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of oxycodone is not substantiated in the records. Therefore, this request is not medically necessary.