

<b>Case Number:</b>	CM15-0023120		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/06/2002
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 49-year-old male who reported an injury on 08/06/2002. The mechanism of injury was due to lifting. His diagnoses include lumbago. His past treatments include medications, home exercise, chiropractic treatment, a spinal cord stimulator trial, and injections. The urine drug screen performed on 12/02/2014 revealed the injured worker was positive for trazodone and hydrocodone; the injured worker was also indicated to be negative for all other substances. On 01/05/2015, the injured worker complained of low back pain that radiated down the bilateral legs with associated symptoms of constant, sharp, throbbing, burning, and aching in nature and rated 5/10 to 10/10. The injured worker also indicated his pain improved with rest, use of a spinal cord stimulator, and medication. His relevant medications include oxycodone 10 mg, gabapentin 600 mg, Cymbalta 30 mg, Soma 350 mg, and trazodone 100 mg. The treatment plans included a refill of medications, a signed opioid contract in office, and undergo a urine drug screen test. The rationale included an adjustment to his medications from the last visit as it has made a positive impact on his pain levels; however, the injured worker remained with difficulty sleeping. A 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 10mg #90 as prescribed on 01/05/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for oxycodone 10 mg #90 as prescribed on 01/05/2015 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to be on oxycodone for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, an objective decrease in pain, and evidence of monitoring for side effects or aberrant drug related behaviors. In addition, the recommended urine drug screen was not provided for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.