

<b>Case Number:</b>	CM15-0023640		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 54-year-old male who reported an injury on 01/29/2009. The mechanism of injury was unspecified. His diagnoses include lumbosacral injury, L4-5 and L5-S1 degenerative disc disease, and status post lumbar surgery. His past treatments included physical therapy, aquatic therapy, medications, surgery, and diagnostic testing. On 01/05/2015, the injured worker presented for evaluation. The injured worker stated that oxycodone was necessary to help manage his low back pain and radicular symptoms in order to function with activities of daily living. His relevant medications were noted to include Lexapro, baclofen, Colace, and Senna. The treatment plan included Neurontin, Lexapro, Klonopin, baclofen, Senna, and Colace. The injured worker also denied any new side effects; however, he experienced some constipation with oxycodone which was alleviated by the Colace and Senna. A Request for Authorization form was submitted on 01/21/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg, 1 tab every 4 hours as needed, #180:** 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 15mg, 1 tab every 4 hours as needed, #180 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: 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 have been on oxycodone for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects, and monitoring for aberrant drug related behaviors. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.