

<b>Case Number:</b>	CM14-0182361		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/26/2002
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Arizona & California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 04/06/2002. The mechanism of injury was not provided. He is diagnosed with chronic pain and severe scoliosis. His past treatments included medications. On 09/09/2014, the injured worker reported "terrible pain." No pain scale value was noted. Upon physical exam, the patient was noted to be very bent over and analgic. His current medications included Oxy IR with no dosage and frequency provided. The treatment plan included refill medications. A request was submitted for Oxy IR 15 mg #240; however, the rationale was not provided. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxy IR 15mg #240:** Upheld

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

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

**Decision rationale:** The request for Oxy IR 15mg #240 is not medically necessary. The injured worker was noted to be on Oxy IR since at least 11/05/2013. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation

of pain relief, functional status, appropriate medications use, aberrant medication risks and side effects. The documentation submitted for review does not indicate that the use of Oxy IR has helped him significantly with pain relief and increased ability to perform activities of daily living. There was no pain rating provided at the time of his examination. Therefore, adequate pain relief and improved function have not been established. There were no recent urine drug screens provided, verifying appropriate medication use. Additionally, there was no mention if the injured worker had any side effects with the medication use. Furthermore, the request does indicate the frequency for taking the medication. Based on this documentation, continued use of Oxy IR would not be supported by the guidelines. As such, the request is not medically necessary.