

<b>Case Number:</b>	CM14-0080802		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male who had a work related injury on 12/26/07. He was getting off a forklift and was holding on to the steering wheel which pulled out due to a lock nut not bolted in place and a pulled out and he felt immediate jolting pain, and landed on his left lower extremity. The injured worker had lumbar surgery in 11/10. His legs were tingling after the surgery now the pain was excruciating. The injured worker described the pain as legs were so weak and he felt he was going to fall. Other treatment included: physical therapy, chiropractic's, interlaminar epidural steroid injections, which gave three months of at least 60% improvement in pain and function. The injured worker saw a psychiatrist and psychologist monthly for depression and anxiety. Most recent clinical documentation submitted for review was dated 04/22/14 his pain was rated 10/10 without medication and 6/10 with. The medication prescribed kept the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. There were no side effects were associated with these. The current medications are: oxycodone 15mg tablets one to two POQ34 hours maximal of five a day, viagra, prilosec for heartburn, laxative for opiate induced constipation, voltaren XR, XR100mg prozac 20mg caplets, and clonazepam per his psychiatrist. The physical examination shown the injured worker was well nourished, well hydrated, and no acute distress. He was oriented to time, place, and person Speech was fluent. Cognition was intact. Cranial nerves 2-12 were intact. Cervical spine examination was normal. Thoracic spine examination was abnormal there was tenderness to palpation around the paraspinals on the left lower side. Sensation was intact. The Lumbar lumbosacral exam showed; tenderness to palpation at L4-5. Well healed spinal cord stimulator site with no signs of infection. Trigger tenderness to palpation in the paraspinals especially over the right sided implanted spinal cord stimulator. Forward flexion to 40 degrees. Hyperextension to 10 degrees right and left lateral bending to 10 degrees. Tenderness to

palpation in both sciatic notch. The injured worker is able to toe walk without difficulty, and has difficulty with heel walking (bilaterally). Gait was antalgic. Decreased left lower extremity and right lower extremity strength in hip abductors 4+/5 on left and 3+/5 on right. Left hip adductors rated 4+/5 on the left and right side 3+/5 right psoas quadriceps tibialis anterior and hallus longus 3+ and 4+. Left psoas, quadriceps tibialis anterior and hallus longus 3+-4+/5. Decreased right L5 and S1 and left L4, and left L5 and left L left S1 to light touch. Prior utilization review dated 05/13/14 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone HCL 14 mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

**Decision rationale:** Current evidenced-based guidelines indicate; patients must demonstrate functional improvement, in addition to appropriate documentation of ongoing pain relief, to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits, and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores, with the use of medications. Therefore, medical necessity has not been established.