

<b>Case Number:</b>	CM14-0092319		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/01/1998
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 46-year-old male who reported an injury on 03/01/1998 as a security guard at a night club. While working as a security guard, he experienced back and radiating leg symptoms as a result of the amount of standing and walking that was inherently required in these work functions. The injured worker's treatment history includes knee surgery, small finger amputation, medications, Electromyography/Nerve Conduction Velocity (EMG/NCV) studies, epidural steroid injections, and magnetic resonance imaging (MRI) studies. The injured worker was evaluated on 06/06/2014 and was documented the injured worker was present for medication refills. Medications included Opana ER 40 mg and oxycodone 20 mg, he provider noted the injured worker reported needing these prescribed medications for analgesia purposes, medications for activities of daily living, and denies any adverse effects of these medications and any abuse or side effects of these medications. The provider noted the injured worker uses Oxycodone for BTP and Wellbutrin for pain control. He stated he was still having numbness in his left lower extremity and now it was in his foot. He stated his low back feels like it was getting worse. He stated he was feeling an electric sensation in his low back and was concerned about this. Pain levels were 9/10 but on average is 5/10 depending on the level of activity. He stated his pain was controlled with current medications and was able to complete light activities of daily living. He walked every day for exercise. He stated he walked about a block every day. The injured worker stated exercising may be causing decreased pain flare up. Diagnoses included lumbar back pain, degenerative lumbar/lumbosacral intervertebral disc and lumbar post laminectomy syndrome. Request for Authorization dated 06/09/2014 was for Oxycodone 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Oxycodone 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing use of opioid medications should be based on detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The documentation submitted failed to indicate long-term goals. Additionally, there was no urine drug screen submitted verifying opioid compliance. Moreover, the submitted request did not indicate a frequency of use. For the reasons noted above, the request is for a Prescription of Oxycodone 20 mg # 120 is not medically necessary.