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| <b>Case Number:</b>   | CM15-0011098 |                              |            |
| <b>Date Assigned:</b> | 01/29/2015   | <b>Date of Injury:</b>       | 11/04/2004 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2015 |

### 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 56-year-old male who reported an injury on 11/04/2004. The mechanism of injury was not stated. The current diagnoses include failed back surgery syndrome, lumbar facet pain, constipation, and upper GI pain. The injured worker presented on 12/04/2014 with complaints of 8/10 pain. The injured worker reported an improvement in symptoms with the use of the current medication regimen. Upon examination, there was mild tenderness over the facet joint, tenderness over the lateral epicondyle, 5/5 motor strength in the bilateral lower extremities, and intact sensation. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone and Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has utilized oxycodone since 2012. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.