

<b>Case Number:</b>	CM15-0014256		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/14/1989
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 49-year-old male who reported injury on 07/14/1989. The mechanism of injury was not provided. The injured worker underwent a urine drug screen on 12/03/2014. The documentation of 12/03/2014 revealed the injured worker's condition remained the same. The injured worker was in the office for medications. The pain with medications was an 8/10 and without medications was a 9/10. The examination revealed the injured worker's back was stable. The injured worker was noted to need the medications to be up and functional. The diagnoses were lumbago and lumbosacral neuritis unspecified. There was a Request for Authorization dated 12/01/2014 which revealed the injured worker was to take up to 9 tablets per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone (Roxicodone Tablets) 30mg 1-2 PO up to 9 per day with a quantity of 270:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Ongoing management Opioid dosing Page(s): 60; 78; 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the dosing for all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement. Additionally, the dosing for the 1 requested medication would be 450 mg of daily morphine equivalent dose, which would exceed the maximum of 120 mg recommended. Given the above, the request for oxycodone (Roxicodone tablets) 30mg 1-2 PO up to 9 per day with a quantity of 270 is not medically necessary.