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| Case Number: | CM15-0072035 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 08/16/1997 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 sustained an industrial injury on 8/16/97. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, and radiculopathy. Treatments to date have included physical therapy, home exercise program, and oral pain medication. Currently, the injured worker complains of lower back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 MG #168 2 Tabs Every 4 Hours As Needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Monitor guidelines recommend patients on chronic opioids for efficacy, side effects, functionality, and signs of aberrant drug use. In this case, the patient is being treated for

low back pain. The clinical records provided do not include evidence of efficacy, improvement in functional status, or assessment for aberrant drug use. The request for oxycodone 10 mg #162 is not medically appropriate and necessary.