

<b>Case Number:</b>	CM15-0076840		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained an industrial injury on 3/1/04. He subsequently reported back pain. Diagnoses include internal derangement of right knee, lumbago and discogenic lumbar condition. Treatments to date have included x-ray and MRI studies, injections, surgery, H wave unit and prescription pain medications. The injured worker continues to experience low back and right knee pain. Upon examination, there was tenderness noted medically along the knee as well as the patella along with decreased range of motion. A request for Oxycodone medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 49 year old male has complained of back pain and knee pain since date of injury 3/1/04. He has been treated with surgery, physical therapy, H wave unit, injections and medications to include opioids since at least 08/2012. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.