

Case Number:	CM13-0014826		
Date Assigned:	10/03/2013	Date of Injury:	08/29/2000
Decision Date:	02/05/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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:

This patient is a 60-year-old male with date of injury from 08/29/2000. The current request for Roxicodone, bilateral transforaminal epidural steroid injection at L5-S1, S1-S2 were denied per 08/12/2013 CID Management Utilization Review letter, but unfortunately, I am missing the page that discusses the physician rationale for Roxicodone and the denial for ESI was based on lack of additional information that were requested. Progress reports from January 1, 2013 to 09/10/2013 were reviewed from 122 pages of reports provided in file. This patient struggles with chronic low back pain and right lower extremity pain and listed medications for Roxicodone, Soma, and Klonopin from 01/24/2013 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating multilevel spinal stenosis with small disk herniations. This patient has been maintained on Roxicodone 6 tablets a day for the duration of the reports reviewed from 01/24/2013 to 09/10/2013. The treater does his best to provide documentation regarding the use of this medication. For example, on 03/31/2013, he states the "medications are working well." The patient's sleep was fair, activities increased. 05/16/2013 notes patient's pain is increased but "medications are working well." This is where the treater has requested an ESI. 06/13/2013 report documents "medications are working well." Roxicodone is more helpful than Soma. The utilization review apparently decreased the authorization for #180 to #135. 07/11/2013 report states that pain is increased without the use of Soma and again, that the patient is stable with use of medications and the level of function optimized. 08/08/2013 report documents that the patient is able to walk up to ¼ mile with his home exercise program, is needing to perform ADLs on his own as he lives alone. The treater documents, "He is able to maintain functioning at an independent level with use of oxycodone." Review of these reports would show that the treater has adequately documented the efficacy of the medication in terms of pain reduction and function. However, what is lacking is what is required by MTUS Guidelines. MTUS Guidelines, pages 88 and 89, states, under long-term uses of opioids, document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit and "functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Furthermore, under outcome measures, it states that pain assessments that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following "current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts." Unfortunately, I do not have any numerical assessment of the patient's function and pain. Given that the treating physician has not satisfied the required documentations per MTUS Guidelines, recommendation is for denial.