

Case Number:	CM13-0044787		
Date Assigned:	06/09/2014	Date of Injury:	07/17/2001
Decision Date:	07/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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/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:

The injured worker is a 56 year old female who sustained an injury on 07/17/01. No specific mechanism of injury was noted. The injured worker was followed for complaints of chronic low back pain radiating to the left lower extremity. Prior treatment included multiple injections including epidural steroids and other associated nerve blocks. The injured worker previously attended physical therapy and utilized a TENS unit. The injured worker was also seeing a psychiatrist and psychologist for treatment. The injured worker was seen on 10/04/13 with continuing complaints of low back pain radiating to the left lower extremity. Pain scores ranged from 8-10/10 on VAS. Medications at this visit included Roxicodone 30mg one to two tablets four times daily and MS Contin 100mg one to two tablets three times daily. On physical examination there was tenderness to palpation severe to the left side in the lumbar spine and limited range of motion. Weakness was mild throughout the left lower extremity at the hamstrings tibialis anterior EHL and ankle. Sensation was decreased in left L5 and S1 distribution. Reflexes were somewhat reduced at the left ankle versus the right side. The injured worker had been recently seen on 05/09/14 with continued symptoms in the left lower extremity and low back. Pain scores ranged from 5-10/10 on VAS. The injured worker reported less pain with medications. The requested Roxicodone 30mg #240 and MS Contin 100mg #180 was denied by utilization review on 05/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROXICODONE 30 MG, #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Roxycodone 30mg quantity 240, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker's current narcotics intake is 760mg MED per day. The clinical documentation submitted for review did not identify any specific functional benefit or pain reduction obtained by the injured worker with this amount of narcotics. There is no documentation regarding any considerations for weaning of narcotics for this injured worker as she is substantially exceeding the maximum amount of narcotics recommended for daily use set at 120mg MED per day. No other compliance measures such as toxicology results or long term opioid risk assessments were available for review which would be indicated for this medication per guidelines. Given the insufficient evidence establishing the injured worker was obtaining any substantial functional benefit or pain improvement with the substantial use of narcotics including Roxycodone at 30mg, this reviewer would not have recommended certification for the request.

MS CONTIN 100 MG, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 88-89.

Decision rationale: In regards to the request for MS Contin 100mg quantity 180, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker's current narcotics intake is 760mg MED per day. The clinical documentation submitted for review did not identify any specific functional benefit or pain reduction obtained by the injured worker with this amount of narcotics. There is no documentation regarding any considerations for weaning of narcotics for this injured worker as she is substantially exceeding the maximum amount of narcotics recommended for daily use set at 120mg MED per day. No other compliance measures such as toxicology results or long term opioid risk assessments were available for review which would be indicated for this medication per guidelines. Given the insufficient evidence establishing the injured worker was obtaining any substantial functional benefit or pain improvement with the substantial use of narcotics including MS Contin at 100mg, this reviewer would not have recommended certification for the request.