MAXIMUS Federal Services

Case Number:	CM13-0053278		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2006
Decision Date:	05/19/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery, 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 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 claimant is a 46-year-old gentleman who was injured on 02/27/06, sustaining an injury to the low back when he was pinned under a rack of a malfunctioning forklift. The pain management assessment of 09/19/13 noted ongoing chronic complaints of low back pain and lower extremity complaints. He was with a diagnosis of multilevel degenerative disease to the lumbar spine with a recent positive discography at L4-5. Surgical intervention had been discussed. However, underlying medical issues prevented procedure from taking place. Medications were prescribed at that date to include Prilosec, Norco, Roxicodone, Anaprox and Wellbutrin as well as recommendations for aquatic therapy. The specific request at present was for continuation of Roxicodone 30 mg tablets x 180 for one month of use. Further clinical assessment of 02/04/13 indicates continued use of Roxicodone as well as Norco for ongoing pain related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROXICODONE 30MG #180 FOR 1 MONTH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: At last assessment of February 2014, this individual was taking multiple short acting narcotic analgesics. Given the lack of documentation of significant benefit, his overall functional improvement with such high dose of multiple agents, the specific request for continuation of Roxicodone as prescribed would not be indicated. The claimant appears to be managed with multiple agents as stated. There would be no indication for weaning dosage given the claimant's other amount, frequency and strength of narcotic analgesics being utilized. The request is not medically necessary and appropriate.