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| Case Number: | CM13-0059553 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/15/2010 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 03/15/10 sustaining an injury to the low back. Clinical records available for review indicate a prior utilization review process of 11/11/13 indicating the claimant had been prescribed a weaning dose of Roxicodone for the purposes of weaning from narcotic analgesics. His complaints are now chronic. A recent 11/07/13 progress indicated him to be status post lumbar laminectomy with continued complaints of pain and physical examinations showing a well healed incision with tenderness to palpation and restricted motion at end points with positive straight leg raise. There was, at that time, noted to be no documented beneficial benefit with opioid analgesics. As stated, a weaning period was recommended at that time for the claimant's narcotic usage. At present, there is a request for further use of Roxicodone 30 mg tablets for a total of 120 pills. Further clinical records including imaging are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROXICODONE (OXYCODONE HCL) 30MG TABS #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-80.

Decision rationale: Based on California MTUS ACOEM Chronic Pain Medical Treatment Guidelines, continued use of short acting narcotic analgesics would not be indicated. This individual is with chronic complaints of low back pain and has already been prescribed weaning doses of narcotic medications. The continued use of Roxycodone at this stage of care, after weaning doses have been prescribed, would not be indicated.