

Case Number:	CM13-0062981		
Date Assigned:	12/30/2013	Date of Injury:	04/01/1994
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Management and is licensed to practice in Florida. 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 patient is a 58-year-old male who reported an injury on 04/01/1994 after a motor vehicle accident. This resulted in a cervical spine fusion at 2 levels and a low back surgery. The patient's chronic pain was managed with multiple medications to include Roxicodone, lorazepam, diazepam, Flexeril, Lidoderm, and Duragesic patches. The patient was monitored for aberrant behavior with urine drug screens and regular CURES reports. The patient's most recent clinical examination findings documented that the patient had cervical tenderness to palpation along the paravertebral musculature and facet processes with normal motor strength. It was noted that the patient had pain rated at a 10/10 that was reduced to 5/10 with medication usage. It was noted that the patient was able to participate in activities of daily living and had restorative sleep. The patient's medication schedule included Roxicodone 50 mg tablets 3 to 4 times daily and Duragesic transdermal patches 75 mcg per hour 1 every 48 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Dosing Page(s): 86.

Decision rationale: The requested Roxicodone 15mg #120 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not recommend the morphine equivalent dosage to exceed 120 mg per day. The clinical documentation submitted for review does indicate that the patient is on a combination of medications that exceeds this recommendation. Therefore, continued use of this medication would not be supported and a weaning schedule would be appropriate to reduce the patient's medication intake. As such, the requested Roxicodone 15mg #120 is not medically necessary or appropriate.