

Case Number:	CM13-0071458		
Date Assigned:	01/08/2014	Date of Injury:	03/07/2003
Decision Date:	04/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 45-year-old male who reported injury on 03/07/2003. The mechanism of injury was not provided. The patient's medication history included OxyContin, and Roxicodone since early 2013. The documentation of 11/21/2013 revealed the patient had pain of a 10/10 without medications and 7/10 with medications. The patient's pain was decreased with medication and non-weightbearing. The patient's diagnoses included failed back surgery syndrome, lumbar radiculopathy, and depression. The patient was noted to be taking Roxicodone 30 mg, 12 per day, and OxyContin 80 mg, 3 per day. The request was made for medication refills, including Roxicodone for a 2-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Roxicodone 30 mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; Opioids, dosing Page(s): 60; 78; 86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the

VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The patient was noted to be taking the medication since early 2013. Clinical documentation submitted for review failed to provide documentation of an objective improvement in function. The patient was being monitored for aberrant drug behavior. However, the cumulative oral morphine equivalence would be 900 mg. This exceeds the guideline recommendations. Given the above, the request for 1 prescription of Roxicodone 30 mg #360 is not medically necessary.

One (1) prescription of OxyContin 80 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; Opioids, dosing Page(s): 60; 78; 86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The patient was noted to be taking the medication since early 2013. Clinical documentation submitted for review failed to provide documentation of an objective improvement in function. The patient was being monitored for aberrant drug behavior. However, the cumulative oral morphine equivalence would be 900 mg. This exceeds the guideline recommendations. Given the above, the request for 1 prescription of OxyContin 80 mg #90 is not medically necessary.