

Case Number:	CM14-0008040		
Date Assigned:	02/07/2014	Date of Injury:	04/30/1992
Decision Date:	06/16/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 Occupational Medicine 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 patient is a 62-year-old male who has submitted a claim for chronic lower back pain. The patient is status post L3 through S1 decompression and spinal fusion with residual radiculopathy, significant left leg shortening, and left knee contracture associated with an industrial injury date of April 30, 1992. The medical records from 2012-2013 were reviewed showing the patient complaining of severe low back pain with radiation to bilateral lower extremities, left more than the right. Physical examination showed extremely limited mobility, uses a four-wheel walker, and severely limited range of movement in all planes of the lumbar spine. There is positive straight leg raise in seated position and left calf atrophy bilaterally. Deep tendons reflexes are absent at the bilateral knees and ankles and decreased pinprick in L4, L5 and S1. The treatment to date has included medications, activity modification, home exercise program, L3 through S1 decompression and spinal fusion with residual radiculopathy. A Utilization review dated 12/18/2013 modified the request for Roxicodone 30mg #240 to reduce total opioid medication prescribed daily morphine equivalent dose (MED) by 10% per month to permit weaning to below 120mg MED with evidence of continued weaning recommended within the next 3 months. This is because there is no clear evidence presented of significant lasting functional improvement resulting from continued treatment with opioid medications and the maximum prescribed dose of Roxicodone have increased.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROXICODONE 30MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76, 78-81, 86, 89, 89, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines states that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines also state that the lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. In this case, the patient has been using Roxycodone since August 2013 with no notable relief of symptoms despite intake of other pain medications. A progress report dated November 26, 2013 showed an increase in amount of Roxycodone taken from up to 6 pills per day to 8 pills per day but with no documented benefit. There was no specified functional gains and objective documentation of pain relief to support continued medication use. Therefore, the request for Roxycodone 30mg #240 is not medically necessary.