

Case Number:	CM14-0104077		
Date Assigned:	09/12/2014	Date of Injury:	01/31/2006
Decision Date:	10/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 01/31/06 when he was carrying an air conditioning compressor down a flight of stairs and had a popping sensation in the lower back. He continued working for approximately 3 weeks but did not improve. He also developed neck pain. A cervical spine MRI showed findings of disc bulging. Treatments included epidural injections. On 09/06/06 he underwent a C5-6 anterior cervical decompression and fusion. After improving for several weeks his symptoms worsened. Subsequently, he had slight improvement with physical therapy. He was able to return to work on a part-time basis. His past medical history included gastroesophageal reflux disease and a hiatal hernia. On 06/19/07 medications were OxyContin 40 mg three times per day, Soma 750 mg, Xanax 0.5 mg, and Prilosec. Physical examination findings included decreased left lower extremity sensation. Imaging results were reviewed. On 06/08/10 he was continuing to work five days per week up to 4-8 hours per day. He was having constant severe pain in the neck, back, arms, legs, and hand. He was continuing to take significant pain medications. Physical examination findings included a slow gait. There was ongoing decreased left side sensation. Work restrictions were continued. He was seen by the requesting provider on 11/27/13. He was having ongoing neck and upper and low back pain. He was having radiating pain into the left upper extremity and low back pain radiating into the left lower extremity with occasional weakness. Medications were providing significant improvement in pain with an improved tolerance for work activities and exercise. He was able to perform activities of daily living including home activities such as laundry. He was exercising in a home gym. He had been able to lose 40 pounds. He was not having any medication side effects. Physical examination findings included appearing in mild to moderate discomfort. He had difficulty standing up and had an antalgic gait. There was decreased cervical spine and lumbar

spine range of motion with cervical and lumbar paraspinal muscle tenderness. He had decreased bilateral lower extremity strength with decreased left lower extremity sensation. Imaging results were reviewed. OxyContin 60 mg #90, Roxicodone 15 mg #90, and Soma 350 mg #90 were refilled. On 01/22/14 there had been a severe increase in pain after being out with medications for three days. When he had restarted the medications there had been a significant improvement. Urine drug screen results were reviewed and had been consistent with prescribed medications. On 03/19/14 his condition appears unchanged. Urine drug screening was repeated. This was reviewed on 04/16/14 and was consistent with prescribed medications. On 06/11/14 his condition appears unchanged. His medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Roxicodone 15mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Roxicodone; Opioids for chronic pain, Opioids, dosing; R.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Opioids, criteria for use, Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 8 years status post work-related injury with treatments including a cervical spine fusion and continues to be treated for chronic neck and low back pain with lumbar radicular symptoms. Medications include OxyContin and Roxicodone. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, although there are no identified issues of abuse, addiction, or poor pain control and the claimant is noted to be working, the total MED (morphine equivalent dose) being prescribed is more than 500 mg per day. There are no unique features of this case that would support opioid dosing at this level and therefore Roxicodone 15mg, #90 is not considered medically necessary.