

Case Number:	CM14-0104532		
Date Assigned:	07/30/2014	Date of Injury:	10/12/1999
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 59-year-old male was reportedly injured on 10/12/1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 7/2/2014, indicated that there were ongoing complaints of low back pain that radiated into both buttocks. The physical examination demonstrated cervical spine asymmetry of the neck and shoulders, with tilting of the head and neck to the left. Axial compression of the cervical spine caused left trapezius tenderness. Tenderness to palpation was noted in the trapezius area with positive muscle spasm. There was limited range of motion. Upper extremity reflexes were 1+ in the left biceps. The injured worker was extremely sensitive to light touch over C5, C6, and C7 dermatomes. There was positive left scapular winging. The lumbar spine had positive tenderness to palpation over the paralumbar muscles with positive muscle spasm bilaterally. Quadriceps atrophy was present. There was limited range of motion with pain. Straight leg raise was positive at 40 degrees bilaterally. There was an absence of deep tendon reflexes at the knees. Sensation was decreased to light touch on the right, left, lateral thigh, and medial calf on the left as well. No recent diagnostic studies are discussed on this day of service. Previous treatment included rhizotomy, physical therapy, medications, and conservative treatment. A request had been made for Roxicodone 30mg #60 and was not certified in the pre-authorization process on 6/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Roxicodeone: therapeutic trial of opioids: (Passik, 2000) (Washington, 2002) (Colorado, 2002) (Ontario,2000)(VA/DoD,2003); Opioids for chronic pain in general conditions: (Martell-Annals, 2007) (Chou, 2007) (Deshpande, 2007); Agency Medical Director's Group (AMDG) Guidelines from Washington State. This guideline includes an opioid dosing calculator. (AMDG, 2007) (Nicholas, 2006) (Ballantyne, 2006).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, and 93.

Decision rationale: The California MTUS supports short-acting opiates such as Roxicodeone for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain. It was noted the injured worker did rate his pain at 9/10 on the visual analog scale. The injured worker stated half of the pill decreased his pain by 50%. There was documentation by the treating doctor, who was attempting to start weaning him off this pain medication. However, a review of the medical records did not identify a risk assessment profile or a recent urine drug screen to establish compliance; nor was there a patient/provider contract as recommended by guidelines. As such, this request is not considered medically necessary.