

Case Number:	CM14-0010536		
Date Assigned:	02/21/2014	Date of Injury:	04/01/1994
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 58-year-old male who has submitted a claim for postlaminectomy syndrome of both cervical and lumbar region, myalgia and myositis, thoracic or lumbosacral neuritis or radiculitis, cervicalgia, headache, brachial neuritis or radiculitis, displacement of cervical intervertebral disc without myelopathy, associated with an industrial injury date of April 1, 1994. The latest progress report, dated 12/19/2013, showed persistent bilateral lower extremity pain, associated with numbness, tingling and weakness of bilateral lower extremity and lumbar spine. The physical examination revealed tenderness of paraspinal muscles of the lumbar area, associated with restricted range of motion. There was no sensory deficit or motor weakness on bilateral lower extremities. Nerve conduction velocity (NCV)/ electromyography (EMG) examination revealed normal EMG findings of bilateral lower extremities, but abnormal NCV findings consistent with a bilateral chronic sub-acute L5-S1 radiculopathy. The treatment to date has included multiple lumbar and cervical laminectomy, trigger point injections, acupuncture therapy, TENS, physical therapy, and medications such as Roxicodone since August 2010. The utilization review from 01/17/2014 modified the request from purchase of Roxicodone 15mg #120 to purchase of Roxicodone 15mg #15 because a partial certification was provided to continue weaning the medication. Although it was appreciated that the documentation noted the patient had received approximately 50% pain reduction with use of the medication and had also allowed him functional gains in terms of assisting in activities of daily living, restorative sleep, and overall improvement in his quality of life, the provider's subjective and objective documentation had been the same since 2012. Given there was not sufficient quantifiable evidence which demonstrated functional improvement and pain reduction with the medication, and the current morphine equivalent dose was well outside of guideline recommendations, use was not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROXICODONE 15 MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List - Oxycodone Immediate Release; Opioids for Chronic Pain; Opioids, Dosing; Weaning of Medications.

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

Decision rationale: Pages 78-81 of the California 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. 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 Roxicodone since August 2010. A progress report, dated 12/17/2013, cited pain medications reduced pain levels from average 10/10 to average 5/10. Functional gains were provided by the medications in that they significantly assist in his activities of daily living and restorative sleep, overall improving his quality of life. The recent medical evaluation showed no restrictions in the range of motion and no motor weaknesses. The urinary drug screen was consistent. There was no documentation of aberrant drug-related behaviors. The medical necessity was established since guidelines criteria were met. Therefore, the request for Roxicodone 15mg #120 is medically necessary.