

<b>Case Number:</b>	CM14-0019702		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and submitted a claim for lumbago associated with an industrial injury date of July 19, 2000. Treatment to date has included NSAIDs, opioids, anticonvulsants, benzodiazepines, and narcotics. Medical records from 2013 were reviewed. Patient complained of persistent low back pain with bilateral leg pain. Physical examination showed bilateral paralumbar muscle tenderness, bilateral hip flexors and extensors weakness with 3/5 strength; and bilateral ankle flexors and extensors weakness with 2/5 strength. Utilization review from January 24, 2014 modified the request for Roxycodone 30mg, #100 to Roxycodone 30mg, #75 to be used for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROXICODONE 30MG #100 WITH 1 REFILL:** Upheld

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

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

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines specify 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. In this case, the patient was prescribed Roxycodone as early as March 2013. However, fluctuating levels of pain was reported indicating insufficient evidence of consistent improvement. Reports of improvement in terms of daily activities and psychosocial functioning are also lacking. CA MTUS requires clear and concise documentation for continued opioid use. Therefore, the request for Roxycodone 30MG #100 with 1 refill is not medically necessary.