

Case Number:	CM14-0182989		
Date Assigned:	11/07/2014	Date of Injury:	04/02/2012
Decision Date:	12/12/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This is a 31-year-old male with a 4/2/12 date of injury. He slipped and fell on his buttocks when he was trying to retrieve a trash can at work. According to a handwritten, largely illegible, and sparse progress report dated 10/22/14, the patient rated his pain as a 6/10. He has been taking Roxicodone 30mg, 1-2 tablets every 2 hours. Objective findings: exquisite tenderness to palpation of coccyx, mild antalgic gait. Diagnostic impression: chronic coccydynia. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/30/14 modified the request for Roxicodone from 300 tablets to 150 tablets for weaning purposes. 300 tablets were prescribed for a one-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg 1 to 2 tablet p.o. every 2 hours PRN #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, based on the documented dosing of Roxycodone 30mg, 1-2 tablets every 2 hours, the patient's daily MED is calculated to be 1080. Guidelines do not support daily MED above 120 and this patient's calculated MED is clearly excessive and puts the patient at severe risk of adverse effects, such as sedation and respiratory depression. Therefore, the request for Roxycodone 30mg 1 to 2 tablet p.o. every 2 hours PRN #300 is not medically necessary.