

Case Number:	CM14-0032547		
Date Assigned:	03/19/2014	Date of Injury:	12/12/2000
Decision Date:	06/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 has submitted a claim for chronic neck pain associated with an industrial injury date of 12/12/2000. Treatment to date has included discectomy and fusion at C5-C6 in 2001, medications, radio-frequency ablations bilateral C2-C6, epidural steroid injections at C6-7, and chiropractic treatments. Utilization review from 01/20/2014 denied the request for Roxicodone. Medical records from June 2012 to January 2014 were reviewed showing that patient continues to have neck pain radiating to the right arm and hand. Intake of medications improve pain from a scale of 9-10/10 to 3/10. The Roxicodone in particular takes about 15-20 minutes to work and effects can last about three hours. Side effect noted was as constipation; however, Colace improves the symptoms. Patient can tend to the garden and walk without difficulty. He is presently a volunteer once weekly. He is also able to participate in [REDACTED] activities once weekly. He reports that without the medication, he is not able to perform his daily activities. Current medications include Duragesic patch 25 mcg, 2 patches every 3 days; Roxicodone 15mg p.o. 4 tablets a day; Ambien 10mg q.h.s.; Gabapentin 800mg TID; Effexor per primary care; Colace 100mg TID-QID; Imitrex 50mg p.o. prn; and Flector patches BID. Physical exam demonstrated the patient was able to walk on heels and toes. Strength was fairly good on bilateral upper extremities. There was tenderness at the lower cervical spine. Range of motion was diminished in all fields of the cervical spine but most severely with extension, bilateral rotation and right lateral bending. Right Brachioradialis reflex was slightly diminished. Positive spurling's test was also noted at the right. Cervical MRI from 10/23/2012 showed fusion at C5-C6, small disk at C2-C3 and C3-C4 and bulging disk at C6-C7. EMG was done on 2013, however, without disclosure of results. Patient has been off-work since 2002. Patient has been regarded as permanent and stationary since December 2002.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROXICODONE 15MG, 1 REFILL: Upheld

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

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

Decision rationale: Page 78 of the 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 notes that pain medications decreased the pain from 8/10 to 3/10 and averaging at 5/10 for most days. There is notable constipation but is relieved by intake of Colace. The medications has allowed the patient to volunteer as well as [REDACTED] activities. The patient is able to garden as well. Without the medications, these activities would be limited. However, the request for Roxicodone 15 mg, 1 refill does not specify a duration and frequency which would indicate the amount being prescribed. Given a nonspecific amount of medication, the request for Roxicodone 15mg, 1 refill is not medically necessary.