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| Case Number: | CM14-0034023 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 02/05/1999 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old male with a reported injury on 02/05/1999. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/05/2014 reported that the injured worker complained of pain that radiated down his right arm while he slept. The physical examination was not provided within the clinical note. The psychological examination revealed the injured worker had anxiety. The injured worker's prescribed medication list included Roxicodone 30 mg by mouth every 4 to 6 hours as needed for pain. The injured worker's diagnoses included cervicalgia, thoracic spondylosis, cervical spondylosis, and pain in joint location unspecified. The provider requested a 2 month supply of Roxicodone 30 mg. The rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/13/2014. The injured worker's prior treatments were not included within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30 mg, #150, (2 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, and Opioids, criteria for use Page(s): 97, 78.

Decision rationale: The treating physician's rationale for the Roxicodone was not provided within the clinical notes. The California MTUS Guidelines state oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. The guidelines recognize four domains that 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 potentially aberrant (or non-adherent) drug-related behaviors. Roxicodone is oxycodone hydrochloride. There is a lack of clinical information provided documenting the efficacy of Roxicodone as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requested provider did not specify the utilization frequency of the medication being requested. In addition, the request for a 2 month supply is excessive for concurrent medical treatment. As such, the request is not medically necessary.