MAXIMUS Federal Services

Case Number:	CM14-0050965		
Date Assigned:	07/07/2014	Date of Injury:	11/21/2000
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 injured worker is a 61-year-old female who reported an injury on 11/21/2000. The mechanism of injury reportedly occurred when she tripped over piping and fell on her left hand and buttocks. The injured worker had diagnoses of lumbar radiculopathy, spinal lumbar degenerative disc disease, joint pain of the left ankle and knee pain of the left knee. Her past treatments include medications. Diagnostic studies included CT scans, x-rays, MRIs, EMG and NCSs. Her past surgical history included lumbar fusion. On 03/13/2014, the injured worker complained of lower backache and left knee pain and reported her pain level had increased since last visit. It was also noted her activity level had increased. The injured worker stated the medications are working well however, the medication side effects felt by the patient included constipation. The injured worker stated she felt like her right knee was less stable. Upon exam of the lumbar spine there was restricted range of motion with flexion to 70 degrees with pain, extension to 50 degrees with pain, right lateral bending to 25 degrees and left lateral bending to 20 degrees. There was spasms and tenderness noted on both sides. The lumbar facet loading was positive on both sides. The left knee had restricted range of motion with flexion to 115 degrees with pain and extension to 50 degrees with pain. There was tenderness to palpation over the medial joint line and tibial tublature. Medications were noted to include Ranitidine 150 mg tablet 1 twice daily, Roxicodone 15 mg 1 daily as needed, Roxicodone 30 mg 1 twice daily as needed, Colace 100 mg 1 twice daily, Senekot 8.6 mg 1 twice daily as needed, Trazodone 50 mg 1 at bedtime as needed, Metformin HCl 500 mg 1 twice daily, and Glipizide 5 mg once a day. The treatment plan is to continue current medication regimen. The request is for Roxicodone 30 mg however, the rationale for the request was not provided. The Request for Authorization form was dated 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Roxicodone 30 mg is not medically necessary. The injured worker had a history of low back and left knee pain. Roxicodone is oxycodone hydrochloride. 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 (e.g. pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors). The injured worker stated that medications are working well. The guidelines recommend for ongoing monitoring of patients on opioids. This included pain relief, side effects, physical and psychosocial functioning and the occurrence of any drug related behaviors. The injured worker continued to have pain despite the use of long term opioids and continued to have side effects of constipation. The guidelines also recommend for urine drug screens to be done occasionally, making sure the injured worker is in compliance with the guidelines. There are no drug screens or frequencies provided within the request. As such, the request is not medically necessary.