MAXIMUS Federal Services

Case Number:	CM14-0058786		
Date Assigned:	07/09/2014	Date of Injury:	10/15/1999
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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 Medicine and is licensed to practice in Texas. 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 56 year old male injured on 10/15/99 due to injuries sustained during a motor vehicle collision. Current diagnoses included lumbar post-laminectomy syndrome and reactionary depression and anxiety. The injured worker was status post L4-5 and L5-S1 posterior lumbar interbody fusion, status post anterior cervical discectomy and fusion at C3 through C7, right shoulder impingement syndrome status post arthroscopic surgery times two, and lumbar spine and cervical spine spinal cord stimulator implantation. Clinical note dated 04/02/14 indicated the injured worker presented complaining of low back pain rated 7/10 in addition to neck pain with associated cervicogenic headaches with radiation into bilateral upper extremities. The injured worker reported current medication regimen allowed increased function in the form of simple chores around the house including cooking and cleaning and walking to the mailbox to retrieve mail. The injured worker also reported cervical spine and lumbar spine spinal cord stimulator provided 40% pain relief. The injured worker underwent physical therapy, chiropractic treatment, acupuncture therapy, TENS use, spinal cord stimulator, and medication management. Physical examination of the cervical spine revealed decreased range of motion, palpable trigger points, decreased sensation to posterior lateral forearms bilaterally, and diminished reflexes throughout the bilateral upper extremities. Physical examination of the lumbar spine revealed tenderness to palpation of lumbar musculature and increased muscle rigidity, decreased range of motion, positive straight leg raise test bilaterally, and reflexes intact at 2+. Medications included Roxicodone 30mg one to two tablets once daily, Norco 10-325mg six tablets once daily, Prilosec 20mg twice daily, Lyrica 75mg three times daily, Viagra 100mg as needed, Anaprox DS 550mg twice daily, Dendracin topical analgesic cream, and Fexmid 7.5mg twice daily. The initial request for Roxicodone 30mg twice daily #45 to either initiate a

weaning process or allow the provider time to document objective evidence of derived functional benefit was deemed not medically necessary on 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30 mg BID #45 to either initiate a weaning process or to allow the provider time to document objective evidence of derived functional benefit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The injured worker reported current medication regimen allowed increased function in the form of simple chores around the house including cooking and cleaning and walking to the mailbox to retrieve mail. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Roxicodone 30 mg BID #45 to either initiate a weaning process or to allow the provider time to document objective evidence of derived functional benefit is recommended as medically necessary at this time.