

<b>Case Number:</b>	CM14-0066187		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/14/2001
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 (IW) is a 70 year old male who sustained an industrial injury on 04/14/2001. He reported severe low back and leg pain. The injured worker was diagnosed as having degenerative disc disease of the lumbar spine, degenerative arthritis of the lumbar spine, lower extremity radiculopathy, ongoing disability, chronic opiate therapy for pain, and myofasciitis. Treatment to date has included epidural steroid injections, and Roxicodone 15 mg for pain. Currently, the injured worker complains of a flare of the low back pain with radiation into his lower extremities. He has been on a slow wean from the Roxicodone 15 mg, but due to the flare of pain and while awaiting an epidural steroid procedure, the Roxicodone 15 mg #90 has been requested for three times daily administration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 15 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Roxycodone 15 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Roxycodone is not medically necessary.