

Case Number:	CM15-0005001		
Date Assigned:	01/16/2015	Date of Injury:	04/02/2012
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 31 year old male with a date of injury as 04/02/2012. The current diagnoses include chronic coccydynia. Previous treatments include medications and ganglion nerve block. The claimant had been on Roxycodone and Norco since at least November 2013. Prior urine testing in January 2014 and July 2014 were inconsistent with medications prescribed. Primary treating physician's reports dated 11/26/2013 through 11/24/2014, qualified medical examination dated 10/27/2014, and urine drug screenings dated 01/21/2014 and 07/16/2014 were included in the documentation submitted for review. Report dated 11/24/2014 noted that the injured worker presented with complaints that included pain rated 3-4 out of 10 and at it's worst 7-8 out of 10. Physical examination revealed tenderness to palpation in coccyx and positive tripod sitting position. treatment plan included a referral to pain management, the remainder of the treatment plan was not legible. The injured worker is working full duty. The utilization review performed on 12/31/2014 non-certified a prescription for Roxycodone. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxycodone 30mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Roxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Roxycodone and Norco for a year without significant improvement in pain . There were also urine screen discrepancies. The continued use of Roxycodone is not medically necessary.