

Case Number:	CM15-0009718		
Date Assigned:	01/27/2015	Date of Injury:	07/07/1995
Decision Date:	04/02/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey

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 51-year-old male, with a reported date of injury of 07/07/1995. The diagnoses include lumbar post laminectomy syndrome, bilateral knee internal derangement, status post right knee arthroscopy, bilateral shoulder internal derangement, and status post left shoulder arthroscopy. Treatments included right knee arthroscopy in 01/2014, corticosteroid injections, a lumbar MRI, oral medications, chiropractic treatment, an x-ray of the lumbar spine, a right knee MRI, a left knee MRI, and epidural/facet joint injections. The progress report dated 12/05/2014 indicates that the injured worker continued to complain of pain in both knees and low back pain, with radiation to both lower extremities. He rated the pain 7 out of 10. It was noted that the injured worker took MS Contin twice a day, and 6-7 tablets of Roxicodone a day. The injured worker felt that his current medical regimen enabled him to function on a daily basis as well as being able to actively participate in a self-directed physiotherapy program. The objective findings included an antalgic gait, normal lumbar lordosis, tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, and trigger points and taut bands with tenderness to palpation throughout. The treating physician requested Roxicodone 30mg #220 and MS Contin #60 for refill. On 01/05/2015, Utilization Review (UR) denied the retrospective request for Roxicodone 30mg #220, 1-2 tablets four times a day and the retrospective request for MS Contin #60, one tablet by mouth two times a day. The UR physician noted that the guideline recommend that all chronic pain regimens be provided at the lowest doses possible; and the medications do not provide information regarding the visual

analog scale, how they improved the injured worker's function, and whether there was a toxicology screen. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Roxicodone 30mg 1-2 tab QID #220 (DOS: 12/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this complete review was completed at the time of this request for renewal of Roxicodone. Although the provider documented that the medications that the worker was taking, including Roxicodone, were providing benefit (vague), they failed to provide specific and measurable functional gains and pain reduction directly related to the use of Roxicodone on a regular basis. Therefore, the Roxicodone will be considered medically unnecessary until this measurable evidence of benefit is provided for review.

Retrospective request for MS contin 60mg 1 tab PO BID #60 (DOS: 12/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid

use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this complete review was completed at the time of this request for renewal of MS Contin. Although the provider documented that the medications that the worker was taking, including MS Contin, were providing benefit (vague), they failed to provide specific and measurable functional gains and pain reduction directly related to the use of MS Contin on a regular basis. Therefore, MS Contin will be considered medically unnecessary until this measurable evidence of benefit is provided for review.