

<b>Case Number:</b>	CM15-0102573		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California

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

### 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 48-year-old male who sustained an industrial injury on 02/09/2012. Diagnoses include status post cervical discectomy and fusion at C5-C6 and C6-C7 in 9/2012 and chronic left shoulder pain-status post left shoulder surgery 4/15/13 and 10/23/13. Treatment to date has included medications, physical therapy and home exercise program. According to the progress notes dated 4/16/15, the IW reported ongoing neck and left shoulder pain rated 5/10. He stated the pain had been increasing over the previous two months. His average pain was 5/10 over the last month, sometimes as high as 9/10, and 2/10 with medication. On examination, the cervical paraspinals were tender to palpation, worse on the left, and over the mid spine was the most tender. The left shoulder was also tender and range of motion was restricted and painful. A request was made for Roxicodone 5mg, #90. A urine drug screen performed on November 12, 2014 was consistent. The medication reduces the patient's pain and lasts for hours. No intolerable side effects are noted. A CURES report performed on March 9, 2015 is consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 5mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Roxicodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation of objective functional improvement as a result of this medication. A one-month prescription should allow the requesting physician time to better document that item. In light of the above, the currently requested Roxicodone is medically necessary.