

Case Number:	CM15-0108044		
Date Assigned:	06/12/2015	Date of Injury:	02/10/1989
Decision Date:	07/27/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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:

This 55 year old man sustained an industrial injury on 2/10/1989. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 5/13/2011 and 8/7/2008 and lumbosacral CT scan dated 9/11/2008. Diagnoses include low back pain and post-laminectomy syndrome. Treatment has included oral medications. Physician notes dated 4/3/2015 show complaints of low back pain. The worker states his pain is rated 10/10 without medications and 9/10 with medications. Recommendations include Cialis, consider intrathecal pain pump, continue weaning Methadone, continue Omeprazole, Roxicodone, Lexapro, Colace, Naprosyn, Senokot, and schedule EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30 mg Qty 150, 1-2 by mouth 3 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-82, 86-88, 124.

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

Decision rationale: Roxicodone 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 Roxicodone for over a year in combination with NSAIDs and recently in combination with Methadone. The treating physician planned a weaning protocol but had the claimant had increased pain the following month. The plan was for a "slow" wean. However, the amount of Roxicodone provided had not changed and a protocol and agreement was not noted for weaning. As a result, the current dose of Roxicodone provided is not medically necessary.