

<b>Case Number:</b>	CM15-0017448		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/10/1989
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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

### 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 male sustained a work-related injury on 2/10/1989. The mechanism of injury was not included in the documents reviewed. According to the progress notes dated 12/19/2014, the diagnoses include post lumbar laminectomy syndrome and low back pain. He reports back pain of 6/10 with medication and 10/10 without medication. Previous treatments include medications, physical therapy and aquatic therapy. The notes indicate the treating provider has been weaning this injured worker's medication for over a year and he does not feel a faster weaning schedule would be successful. The treating provider requests modification for Roxicodone 30mg #150 take 1-2 TID not to exceed 5 per day to allow the patient this one refill for the purpose of weaning to discontinue at the requesting physicians discretion over a weaning period of 2-3 months. The Utilization Review on 12/31/2014 modified the request for Roxicodone 30mg #150 take 1-2 TID not to exceed 5 per day to allow the patient this one refill for the purpose of weaning to discontinue at the requesting physicians discretion over a weaning period of 2-3 months, citing CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30mg #150, take 1-2 TID not to exceed 5 per day, to allow the patient this one refill for the purpose of weaning to discontinue at the requesting physician's discretion over a weaning period of 2-3months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with low back pain. The treater is requesting ROXICODONE 30 MG QUANTITY 150 TAKE ONE TO TWO TID NOT TO EXTEND FIVE PER DAY TO ALLOW THE PATIENT THIS ONE REFILL FOR THE PURPOSE OF WEANING TO DISCONTINUE AT THE REQUESTING PHYSICIAN'S DISCRETION OVER A WEANING PERIOD OF 2 TO 3 MONTHS. The RFA was not made available for review. The patient's date of injury is from 12/10/1989 and he is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Roxicodone on 06/27/2014. Prior medication history was not made available. The 12/19/2014 progress report notes that the patient's pain without medication is at 10/10 and 6/10 with medication use. He does report G.I. upset with his current medications. There were no specific discussions about ADLs. No urine drug screen or CURES report were provided to show aberrant drug seeking behaviors. In this case, the patient does not meet that criteria for continued opiate use. The patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.