

Case Number:	CM15-0130151		
Date Assigned:	07/16/2015	Date of Injury:	01/27/2004
Decision Date:	09/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male, who sustained an industrial injury on 01/27/2004. The injured worker is currently diagnosed as having thoracic/lumbosacral neuritis, cervical spinal stenosis, lumbar intervertebral disc displacement without myelopathy, and lumbar spinal stenosis. Treatment and diagnostics to date has included physical therapy, surgery, use of cane as assistive device, and medications. In a progress note dated 05/18/2015, the injured worker presented with complaints of chronic neck pain that radiates to his left upper extremity. Pain was rated as 6/10 on the pain scale which is made better by rest and medications. The physician states that Roxicodone and Opana decrease the severity of his pain from a constant 8-9/10 to a 2-3 out 10 and allows for increased mobility, function, and ability to perform activities of daily living. Objective findings include limited active range of motion to cervical spine. The treating physician reported requesting authorization for Roxicodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician documented the injured worker's least reported pain over the period since last assessment, average pain with noted reduction of pain using Roxicodone, and improvement in function. Therefore, based on the Guidelines and the submitted records, the request for Roxicodone is medically necessary.