MAXIMUS Federal Services

Case Number:	CM15-0166766		
Date Assigned:	09/04/2015	Date of Injury:	11/03/1990
Decision Date:	10/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

This is a 58-year-old male who sustained an industrial injury on 11-03-1990. Diagnoses include lumbar radiculopathy; past multiple lumbar surgeries; failed back syndrome, lumbar spine; and failure of all therapies for pain control. Treatment to date has included medication, activity modification, heat and ice and epidural steroid injections (ESI). His previous ESI provided 60% pain relief for six weeks. According to the progress notes dated 7-22-2015, the IW (injured worker) reported increased pain in the low back and bilateral leg pain, rated 8 to 9 out of 10. The pain increased with activity such as sitting, standing and walking more than 10 to 15 minutes. The IW stated the Avinza and Roxicodone helped him the most. He was also taking Neurontin 300 mg three times daily. On examination, there was spasm in the paraspinal muscles from L2 to L5-S1. Range of motion of the lumbar spine was decreased. Straight leg raise was positive bilaterally at 60 degrees with pain in the upper legs. Some of the documentation was difficult to decipher. The treatment plan included discontinuing Methadone and starting Avinza, home exercise program; the IW was counseled on narcotics addiction. A request was made for Roxicodone 30mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Roxicodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 5/7/15 was positive for opiates. CURES report was checked 3/2015 and was appropriate. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.