

Case Number:	CM15-0168856		
Date Assigned:	09/09/2015	Date of Injury:	01/03/2009
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

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

This 68 year old man sustained an industrial injury on 1-3-2009. The mechanism of injury is not detailed. Diagnoses include status post left hand laceration, status post left hand surgical interventions, severe complex regional pain syndrome of the left upper extremity, and major depressive disorder. Treatment has included oral medications, failed spinal cord stimulator trial, and surgical interventions. Physician notes from the pain management specialist on a PR-2 dated 7-10-2015 show complaints of left arm and hand pain. Physical examination shows some improvement in mood, left hand with protective glove, cold to the touch, autonomic change, and allodynia with minimal touch. Recommendations include Roxicodone, Lyrica, Neurontin, Ambien, Dexilant, Prilosec, Viagra, and Lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Roxicodone 30mg #90: 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, Opioids for chronic pain.

Decision rationale: 1 Prescription of Roxycodone 30mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant functional improvement. The urine toxicology screen dated 4/17/15 was inconsistent for prescribed opioids. For all of these reasons the request for continued Roxycodone is not medically necessary.