

Case Number:	CM15-0183753		
Date Assigned:	09/24/2015	Date of Injury:	03/01/2006
Decision Date:	11/18/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/18/2015

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: Connecticut, California, Virginia
 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 61 year old female, who sustained an industrial-work injury on 3-1-06. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spondylosis. Treatment to date has included medication, radiofrequency of the bilateral lumbar facet at L4-5 and L5-S1, home exercise program (HEP), diagnostics, and trial of heat-cold therapy. Currently, the injured worker complains of low back pain with radiation to the bilateral buttocks and groin, anti-inflammatory and muscle relaxant were tried for more than 12 weeks in the past. Current medication includes Roxicodone 30 mg and Soma 350 mg. Per the primary physician's progress report (PR-2) on 7-28-15, there is bilateral paraspinal muscle spasms and stiffness in the lumbar spine area, bilateral facet tenderness at L4-5 and L5-S1, pain in the lumbar spine worsens on extension, side bending, and rotation of the spine, range of motion is limited, neurological exam is normal, and no evidence of radiculopathy. Current plan of care includes radiofrequency of the bilateral lumbar facet medial branch neurotomy at level L4-5 and L5-S1, continue current medications, and increase home exercise program (HEP). The Request for Authorization requested service to include Roxicodone 30mg #150. The Utilization Review on 8-17-15 denied the request for Roxicodone 30mg #150, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #150: 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, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably suggested appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for roxicodone is not considered medically necessary.