

Case Number:	CM15-0188508		
Date Assigned:	09/30/2015	Date of Injury:	06/12/2007
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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:

This is a 50-year-old male with a date of injury on 6-12-07. A review of the medical record indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 6-25-15 reports continued and increasing lower back pain across the low back without radiation into lower extremities. The pain is described as aching and throbbing and he has increased spasm and interrupted sleep. The right side is more painful. The pain is rated 7-8 out of 10 in the lower back and 1-2 out of 10 in lower extremities and is rated 8-10 out of 10 without medications. The injured worker reports the medications help him accomplish his chores and household activities. Objective findings: lumbar range of motion is restricted in both planes especially with lateral rotation. Movement is painful and ankle reflexes are absent. Treatments include: medication, physical therapy, chiropractic, injections and radio-frequency neurotomy. He has been taking Roxicodone since at least 3-6-15. Request for authorization was made for Roxicodone 30 mg (no more than 6 per day) quantity 180. Utilization review dated 8-21-15 modified the request to quantity 160 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg (no more than 6 per day) #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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed this medication since March, 2015 without objective documentation of significant pain relief or specific examples of functional improvement. Additionally, there is no current urine drug screen or opioid contract available for review. Furthermore, this medication has been approved for weaning purposes only in a recent past review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Roxicodone 30mg (no more than 6 per day) #180 is determined to not be medically necessary.