

Case Number:	CM15-0192204		
Date Assigned:	10/06/2015	Date of Injury:	05/03/2001
Decision Date:	11/12/2015	UR Denial Date:	09/20/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 35-year-old female injured worker suffered an industrial injury on 5-3-2001. The diagnoses included lumbar spondylosis, cervical disc degeneration myalgia and myositis. On 8-31-2015, the treating provider reported continued pain in the low and mid back. He reported the medications help with pain. The injured worker had a lot of mid back pain that was increasing at the bra line and seems related to MPS or fibromyalgia. In addition, the trochanteric bursae were hurting. The pain was rated 8 out of 10 with medication and 10 out of 10 without medication. The injured worker also was taking OxyContin 60mg #90 and Norco 10mg-325mg #200. On exam, the neck was tender diffusely and pain with movement. There were cervical tender facet joints. The provider reported a pain contract on file. The documentation provided did not include evidence of functional improvement with treatment and no aberrant risk assessment. Prior treatment included physical therapy 2013. Request for Authorization date was 8-31-2015. The Utilization Review on 9-20-2015 determined modification for Roxicodone 30mg, #180 to #60.

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, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time with pain only reduced from a 10/10 to a 8/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.