

Case Number:	CM15-0209376		
Date Assigned:	10/28/2015	Date of Injury:	02/27/2006
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on 2-27-2006. The injured worker is undergoing treatment for: low back pain with right lower extremity pain. On 8-11-15 and 9-8-15, he reported continued right lower extremity pain. The provider noted he has multi-level lumbar disc disease as per a positive discogram. He is indicated to be stable on his current medications, which are reported to give him a 28-30 percent pain reduction. Objective findings revealed him to be in "obvious distress", moving slowly, difficulty transitioning on and off the examination table, antalgic gait favoring left lower extremity, blood pressure 170 over 100, tenderness in the lumbar, increased muscle rigidity, multiple trigger points in the lumbar and decreased lumbar range of motion. There is no discussion regarding aberrant behaviors or adverse side effects. There is no discussion of his level of pain. The treatment and diagnostic testing to date has included: lumbar spinal cord stimulator trial (10-21-10), medications, magnetic resonance imaging of the lumbar (4-9-15). Medications have included: oxycontin, norco, Roxicodone, and Neurontin. Current medications are: oxycontin 60mg twice daily, Roxicodone 30mg 6 tablets daily as needed, norco 10-325mg 8 tablets daily, Neurontin, Prozac, Prilosec, soma and Lidoderm 5 percent patches. He is noted to be prescribed clonidine and Xanax by another provider. The records indicate he has been utilizing opioids since at least April 2015, possibly longer. Current work status: temporarily totally disabled. The request for authorization is for: Roxicodone 30mg quantity 180 tablets. The UR dated 9-22-2015: modified certification of Roxicodone 30mg quantity 80 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #180 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/8/15. Therefore, the request is not medically necessary and the determination is for non-certification.