

Case Number:	CM15-0028824		
Date Assigned:	02/23/2015	Date of Injury:	06/03/1987
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, New York
 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:

This 60 year old male sustained a work related injury on 06/03/1987. According to a progress report dated 11/24/2014, the injured worker was experiencing a high level of low back pain and was trying to manage with the current dosage of Roxicodone and Methadone. He reported that his back pain was more tolerable and he was able to do more activities when he was on his previous regimen before UR decided to taper his dose. Current medication regimen included Roxicodone 15mg tablet take one by mouth every 4-6 hours as needed for pain (maximum 6/day), Medrol 4mg Dosepak and Methadone 10mg tablet take two in the am, 1 tab in the after and 2 tabs at bedtime (maximum 5/day). Diagnoses included cervical disc degeneration, spinal/lumbar degenerative disc disease, low back pain, post cervical laminectomy syndrome and cervical pain. Medical records dating back to 2012 shows that the injured worker was utilizing Roxicodone and Methadone at that time. On 01/13/2015, Utilization Review non-certified Roxicodone 15mg #180 with 1 refill. According to the Utilization Review physician, the injured worker had been utilizing Roxicodone since 2013 with no evidence of subjective or objective findings of functional improvement to warrant continued use and tapering was recommended. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #180 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Roxicodone is considered not medically necessary. According to MTUS guidelines, the 4 A's of opioid monitoring need to be documented. The chart does not contain many recent progress notes documenting his functional improvement. There were no recent side effects. Pain was decreased to 8/10 which is not significant. There are no recent urine drug screens to check for aberrant behavior. There is insufficient documentation to establish the medical necessity of Roxicodone.