

<b>Case Number:</b>	CM15-0050934		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/29/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 56-year-old female sustained an industrial injury to the back and neck on 12/21/04. Previous treatment included radiofrequency ablation, transcutaneous electrical nerve stimulator unit, left hip replacement, physical therapy and medications. In a PR-2 dated 2/5/15, the injured worker reported ongoing pain despite treatment. The pain score was rated at 3/10 with medications and 9/10 without medication. The injured worker was there for medication refills and follow-up. The physician noted that the injured worker was followed on chronic pain management with ongoing medications. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine degenerative arthritis, cervical spine degenerative disc disease and arthritis, myofasciitis, situation depression, chronic opiate therapy and bilateral foot pain, rule out spinal source. The treatment plan included medication refills for Oxycontin, Roxicodone, Provigil, Trazadone, Lidoderm patch, Wellbutrin and Flexeril. A Utilization Review determination was rendered recommending non certification for Roxicodone 30mg

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROXICODONE 30 MG.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 46, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when treatment with NSAIDs and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient is utilizing high dose opioids with many psychiatry and sedative medications concurrently. The pain score had remained persistently high indicating possible opioid induced hyperalgesia. There is some improvement in ADL but no significant functional restoration. The patient is utilizing Provigil medications as a daytime stimulant. There is no documentation of failure of treatment with NSAIDs and non-opioid co-analgesic medications. The criteria for the use of Roxicodone 30mg was not met.