

<b>Case Number:</b>	CM15-0084299		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/29/2000
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 57 year old female who sustained an industrial injury on 08/29/2000. Current diagnoses include degenerative disc disease of the lumbar spine, degenerative arthritis of the lumbar spine, degenerative disc disease and arthritis of the cervical spine, myofasciitis, chronic opiate therapy for pain, and significant bilateral foot pain, rule out spinal source. Previous treatments included medication management, and lumbar facet radio-frequency ablation. Report dated 03/02/2015 noted that the injured worker presented for follow up of low back, buttock, and leg pain, and refill on her medications. She reports continued pain despite treatments and is inquiring about Celebrex. Pain level was 3-4 out of 10 on a visual analog scale (VAS) with medications. The physician noted that the medication makes it possible for her to perform activities of daily living. Physical examination was positive for abnormal findings. The treatment plan included refilled monthly medications including Oxycontin, trigger point injection was administered, and follow up in one month. Disputed treatments include Roxicodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of opioids, Opioids for chronic pain, Weaning of medications Page(s): 78-82, 86-87, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Roxycodone 30mg #210 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar spine; degenerative arthritis lumbar spine; degenerative disc disease and arthritis cervical spine; myofasciitis; situational depression; chronic opiate therapy for pain: and significant bilateral foot pain, rule out spinal source. Subjectively, according to a March 2, 2015 progress note, the injured worker has complaints of low back, buttock and leg pain. The patient's pain scale is a 9-10/10 without medications and a 3-4/10 with medications. The provider states the injured worker has failed multiple attempts to wean the opiates from the medication regimen. According to prior utilization reviews, the MED (morphine equivalent dose) has been markedly elevated. The injured worker does not appear to have significant change in symptoms whether the MED is elevated or normal levels. The documentation indicates the injured worker has been on both OxyContin and Roxycodone far back 2010. The documentation does not contain evidence of objective functional improvement to support ongoing Roxycodone. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no enrollment in a drug detox program to date. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments and detailed pain assessments, successful weaning off opiates with opiate prescriptions dating back as far as 2010, Roxycodone 30mg #210 is not medically necessary.