

Case Number:	CM15-0088660		
Date Assigned:	05/12/2015	Date of Injury:	01/01/1994
Decision Date:	06/15/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old female who sustained an industrial injury on 1/1/1994. Her diagnoses, and/or impressions, are noted to include: limitations to the length of her right leg; thoracic-lumbar adjacent segment degenerative disc disease with radiculopathy; and status-post lumbar laminectomy with solid fusion and post-laminectomy syndrome with painful hardware; lower extremity neuropathy; chronic opiate therapy for pain; and situational depression. No current imaging studies are noted. Her treatments have included lumbar brace; and medication management. Progress notes of 3/4/2015 reported complaints of increasing pain across the mid-back that radiated down her right leg and for which she took some mild, intermittent, medications. The objective findings were noted to include the ability to stand up-right; mild tenderness at the lumbar spine; no focal deficits; good hip range of motion; negative straight leg maneuver; and a non-spastic, non-antalgic gait. The physician's requests for treatments were noted to include the continuation of Roxicodone. The history notes that she had been stable on her medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management for chronic pain Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on the medical records, the patient has used opioid analgesics for long time without documentation of pain and functional improvement. There is no documentation of compliance or the patient with her medications. Based on these findings, the prescription of Roxicodone 15mg #30 is not medically necessary.