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| Case Number: | CM14-0135241 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 04/20/2002 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 08/16/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male who reported an injury on 04/20/2002 with an unknown mechanism of injury. The injured worker was diagnosed with post lumbar laminectomy syndrome, degenerative disc disease and arthritis of the lumbar spine, chronic opiate therapy for pain, and situational depression and anxiety. The injured worker was treated with medications. The injured worker underwent an MRI of the lumbar spine on 11/11/2013 and an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities on 03/28/2014. The injured worker previously had a lumbar laminectomy. On the clinical note dated 08/07/2014, the injured worker complained of constant severe low back, buttock, and leg pain rated 8-9/10. With methadone pain was reduced to 7-8/10, with all medications as prescribed it was reduced to 3-4/10. The medical records indicated that the injured worker was able to perform activities of daily living with current medication regimen. The injured worker had decreased range of motion with 30 degrees of flexion and 10 degrees of extension of the lumbar spine. The injured worker had a urine drug screen on 05/01/2014 that was consistent with the medication regimen. The injured worker was prescribed methadone 10mg 2 three times a day and Roxicodone 30mg to 1 daily. The treatment plan was for Roxicodone 30mg. The rationale for the request was for decreased pain. The request for authorization was submitted for review on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for Roxycodone 30mg QTY 30 is not medically necessary. The injured worker is diagnosed with post lumbar laminectomy syndrome, degenerative disc disease and arthritis of the lumbar spine, chronic opiate therapy for pain, and situational depression and anxiety. The injured worker complains of constant severe low back, buttock, and leg pain rated 8-9/10, with methadone it was reduced to 7-8/10, with all medications as prescribed it was reduced to 3-4/10. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend medication dosage be no more than 120 mg morphine equivalents per day. The injured worker is prescribed up to 645mg morphine equivalent dose per day. The injured worker's medical records lack the documentation of the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation included a recent urine drug screen from 05/01/2014 that was consistent with the medication regimen. The injured worker has been prescribed Roxycodone 15mg since at least 08/23/2012. There is documentation indicating the injured worker has improved objective functional improvement with the medication and denies side effects from the medication. Additionally, there is a lack of documentation that the current dose of Roxycodone 15mg is failing to provide pain relief to warrant an increase to the Roxycodone 30 mg. Also, the request does not indicate the frequency of the medication. As such, the request for Roxycodone 30 mg QTY 30 is not medically necessary.