

Case Number:	CM14-0075385		
Date Assigned:	07/16/2014	Date of Injury:	12/12/2000
Decision Date:	05/27/2015	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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 53-year-old male, who sustained an industrial injury on 12/12/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having cervicgia. Treatment to date has included diagnostics, injections, and medications. The use of Roxicodone 15mg three times daily was noted since at least 8/2012, and increased to up to 6 times daily in 1/2013. The follow-up visit (2/26/2013) noted that he did not do well the previous month, really had "ups and downs with the Roxicodone" and "his pain was inadequately covered", at which time medication was decreased to four times daily. On 4/29/2014, the injured worker complained of persistent neck pain with radiation to the right upper extremity. Pain was rated 6/10 with medications and 9.5/10 without. He was walking for exercise and doing volunteer work. Current medications included Duragesic, Roxicodone, Ambien, Gabapentin, Effexor, Colace, Imitrex, Tegaderm, and Flector.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #120: Upheld

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

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 15mg #120 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 workers working diagnoses are chronic neck pain, discectomy and fusion C-5 - C6 in 2001; and minimal low back pain. The documentation shows Roxycodone appeared in a progress note dated August 30, 2012. Fentanyl 50g every three days was also prescribed. There are no pain scales in the medical record and the injured worker has been on opiates for at least 10 years. According to progress note dated April 23, 2013, Roxycodone and Fentanyl were continued. The request for authorization is dated May 13, 2014. A progress note dated May 28, 2014, subjectively states the injured worker has continued neck pain. An epidural steroid injection recently provided 60% pain relief. With medications the injured worker reports he is able to walk. He admits to opiate induce constipation. The injured worker is currently taking Roxycodone 15 mg QID, Fentanyl 50g every three days, Ambien, Gabapentin, Imitrex, Flector patches, Tegaderm, Colace and Effexor. There is no subjective pain scale in the medical record. Objectively, the injured worker has mildly decreased range of motion in all fields and "a lot of tenderness in the upper trapezius bilaterally." There are no other clinical objective findings documented in the medical record. There is no evidence of objective functional improvement in the record. There are no risk assessments or detail pain assessments. The utilization review physician, according to certification #1068502, certified Roxycodone conditioned with subsequent weaning (date of UR January 30, 2014). There has been no weaning to date. Consequently, absent compelling clinical documentation with objective functional improvement (of both opiates) to support its ongoing use, risk assessments and detailed pain assessments (with ongoing long-term opiate use) and no attempt at weaning, Roxycodone 15mg #120 is not medically necessary.