MAXIMUS Federal Services

Case Number:	CM15-0018839		
Date Assigned:	02/06/2015	Date of Injury:	08/17/2005
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 46-year-old male who reported an injury on 08/17/2005. The mechanism of injury was the injured worker was assisting a psychiatrically impaired patient in bathing and, in an attempt to put a clean hospital gown on the patient, he untied the right leg of the restrained patient and with his right leg free, the patient kicked the injured worker in the head, knocking him backwards. The injured worker was noted to undergo multiple lumbar fusions, and a spinal cord stimulator trail. The diagnoses included failed back syndrome, bilateral lumbar radiculopathy, chronic reactive clinical depression secondary to chronic pain, and chronic opioid tolerance. The documentation indicated the injured worker had utilized the medications for an extended duration of time. The documentation indicated the injured worker failed a weaning program. The documentation of 12/31/2014, revealed the injured worker continued to suffer from chronic pain condition due to failed back syndrome. The injured worker had severe pain in the low back, with shooting sensation down his legs. The injured worker had severe difficulties in performing his usual activities of daily living. The injured worker indicated, without his medication he is totally unable to get out of bed and perform any activities of daily living. The injured worker indicated without medications, the pain intensity was 7/10 to 8/10, and with medications it was 4/10 to 5/10. The current medications included fentanyl patch 75 mcg every 2 days, and Roxicodone 15 mg every 6 hours, along with Lyrica 75 mg twice a day. The injured worker was noted to be utilizing Prozac, Wellbutrin, Seroquel, and lorazepam. The physical examination revealed the injured worker had decreased range of motion and was walking with a guarded gait. The treatment plan included a continuation of the current medications.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. Additionally, they indicate that the cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker was on multiple medications which, when combined, would equal 270 mg of daily oral morphine equivalence per day. There was a lack of documentation of objective functional benefit and that the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker did have objective pain relief. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Roxicodone 15 mg #120 is not medically necessary.