

Case Number:	CM15-0128391		
Date Assigned:	07/20/2015	Date of Injury:	03/01/2006
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial injury on March 1, 2006. She has reported low back pain to bilateral buttocks and bilateral groins and has been diagnosed with lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, mechanical low back pain, and status post lumbar facet injection with positive results. Treatment has included medications, injections, rest, heat, ice, activity modification, physical therapy, chiropractic care, and acupuncture. Lumbar spine was tender from L3 to L5 level bilaterally. There was bilateral lumbar facet tenderness at L4-5 and L5-S1 level. Pain in the lumbar spine worsened on extension, side bending, and rotation of the spine. Range of motion of the lumbar spine was limited. There was no evidence of lumbar radiculopathy. The treatment request included Roxicodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Roxicodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Roxicodone for several months in combination with Soma increasing risk of addiction. In addition, pains scores were not routinely noted to support its use. Tylenol failure or weaning attempt was not noted. Continued Roxicodone is not medically necessary.