MAXIMUS Federal Services

| Case Number: | CM15-0171476 | | |
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| Date Assigned: | 09/11/2015 | Date of Injury: | 03/15/2010 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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: Massachusetts
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 47-year-old male who sustained an industrial injury on March 15, 2010. Diagnoses have included degeneration of lumbar herniated nucleus pulposus, stenosis, and facet hypertrophy; and, cervical herniated nucleus pulposus. Documented treatment includes C4-5 and C5-6 anterior cervical discectomy and fusion October 7, 2011; Lumbar spine laminectomy at L4-5 July 20, 2012; 11 acupuncture treatments with "temporary relief"; and, a lumbar epidural injection March, 2015 with 40 percent pain decrease lasting for "a few weeks." Physician report states he had previous injections providing 50 percent relief for "a few months." Medications have included Norco 6 times per day, Soma 2-4 times per day and Oxycodone 6-8 times per day and Ambien twice per day. The injured worker is not working and continues to complain of neck pain rated 7 out of 10 radiating down both upper extremities, and back pain rated at 8 out of 10, worse on the left, with constant radiating aching pain and numbness to both feet. He states this limits his activity and he cannot walk for more than five minutes without increasing pain. He also states back pain interrupts his sleep. The treating physician's plan of care includes 240 Roxicodone 30 mg tablets every 3-4 hours. This was denied by the reviewer stating it had been modified in the past for tapering and is not medically indicated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone tab 30mg #240 1 by mouth every 3-4 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**Decision rationale:** The claimant sustained a work injury in March 2010 and is being treated for radiating neck and radiating low back pain. When seen, he was under stress and have severe pain at times. Physical examination findings included a mildly antalgic gait. There was decreased and painful cervical and lumbar room with positive lumbar facet loading. There was decreased strength and sensation with positive straight leg raising. Imaging findings showed a possible cervical pseudoarthrosis. Norco and oxycodone were prescribed at a total MED (morphine equivalent dose) of over 400 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is three times that recommended and there no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Ongoing prescribing at this dose is not medically necessary.