MAXIMUS Federal Services

Case Number:	CM15-0068161		
Date Assigned:	04/15/2015	Date of Injury:	03/15/2010
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male, who sustained an industrial injury on 3/15/2010. Diagnoses have included cervicalgia and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included magnetic resonance imaging (MRI), cervical spine surgery, lumbar surgery, lumbar epidural steroid injection and medication. According to the progress report dated 2/12/2015, the injured worker complained of neck and back pain rated 8-9/10. He complained of pain in his low back with radiation of pain and numbness traveling down both legs to his feet. He complained of pain in his neck, which radiated into his head and down both arms to his hands. Physical exam revealed a mildly antalgic gait. Range of motion of the cervical and lumbar spines was decreased in all planes and limited by pain. Authorization was requested for Roxicodone. Per documentation, a 3/10/15 progress note indicated pain without medication 10/10 and with medication 8-9/10. Medications keep the patient functional and allow for increased ADLs and home exercises. Medications included Roxicodone 30mg two every 4-6 hours prn severe pain; Norco 10-325mg one po every 4 hours moderate pain; Soma 350mg one every 6-8 hours as needed spasm; Ambien; Medrol Pak; Omperazole; Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg Sig: 1-2 po q4-6 hours #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78. 80-82, 86-88, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, dosing Ongoing management Page(s): 86 and 78-80.

Decision rationale: Roxicodone 30mg Sig: 1-2 po q4-6 hours #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation reveals that the patient has been on long-term opioids at MED doses that exceed the MTUS recommeded Morphine equivalents per day without significant objective evidence of functional improvement therefore the request for continued Roxicodone is not medically necessary.