

Case Number:	CM15-0078173		
Date Assigned:	04/29/2015	Date of Injury:	06/30/2010
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male, who sustained an industrial injury on June 30, 2010. The injured worker has been treated for low back complaints. The diagnoses have included lumbar radiculopathy, chronic pain syndrome, lumbar spine degenerative disc disease, depression, insomnia and morbid obesity. Treatment to date has included medications, radiological studies, electro diagnostic studies and a home exercise program. Current documentation dated March 12, 2015 notes that the injured worker reported severe low back pain with burning down the right leg to the top of the foot. The pain was rated an eight out of ten on the visual analogue scale with medications. Examination revealed pain in the bilateral low back, buttocks and lower extremities. There was no change in the pain or spasticity control since the prior visit. The frequency of the pain and spasticity was noted to be worsening. The treating physician's plan of care included a request for the medication Roxicodone 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for ROXICODONE 15MG. The request for authorization is dated 03/16/15. Physical examination reveals he ambulates using a walker with wheels with a forward antalgic gait. He cannot stand fully erect because of severe lower back pain. The patient can go out without assistance, uses a walker, up and out of bed daily, dressed daily and out of the house daily. He reports substantial pain decreases and functionality increases with all in place medications. The patient states the pain is 3-5/10 with and 8-10/10 without medications. Patient's medications include Oxycontin, Roxicodone, Ambien, Lexapro, Lidoderm, Methocarbamol, Nortriptyline, Metformin, Actos, Lisinopril and Simvastatin. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient has been prescribed Roxicodone since at least 05/24/14. Treater discusses how Roxicodone significantly improves patient's activities of daily living with specific examples of ADL's, such as out of bed daily, dressed daily and out of the house daily. Analgesia is also discussed, specifically showing pain reduction from 8-10/10 to 3- 5/10 with use of Roxicodone. However, there is no discussion regarding side effects and aberrant drug behavior with Roxicodone use. No validated instrument is used to show functional improvement. An UDS dated 08/26/14, but no CURES or opioid pain contract. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses some but not all of the 4A's as required by guidelines. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.