

Case Number:	CM13-0044688		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2008
Decision Date:	02/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old male with a diagnoses of postoperative discectomy, L5-S1, with residual radiculopathy; lateral and medial meniscectomies, left knee; moderate laxity of the anterior cruciate ligament; non-displaced fracture, tibial plateau; and patellofemoral arthritis. The dates of injury are November 19, 2008 and June 15, 2009. He had surgery at [REDACTED] in August of 2012 at the L5-S1 level and he had some improvement in his pain, but it is still persisting after the surgery. It has gotten worse since that time. He now describes pain going from the left buttock, down to the leg, to the foot. He thinks that it affects more the top than the bottom of the foot. A recent MRI scan does show a large left paracentral disk protrusion at the L5-S I level. Neurological exam revealed give-way weakness throughout the left lower extremity, although motor power appears to be 5/5, particularly in the EHL. He had some decreased pinprick sensation worse in the L5 distribution compared to the left S1 distribution. Deep tendon reflexes are 2+ at the knees, and trace at the ankles symmetrically. He had a difficult time with both dorsiflexion and plantar flexion of the left foot. Medications used include Gabapentln, Oxycodone, Ibuprofen, and Hydrocodone. Due to persistent symptoms his primary care provider increased his oxycodone to 10mg QID and added valium 5mg one to two daily, prn. The issue(s) are whether oxycodone and diazepam are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam; 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Chronic Pain, Diazepam (Valium) and Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: With respect to the prescription of Diazepam 1.0mg this patient has been on this medication since November 19, 2008 and the guideline does not support a long term use of this medication because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guideline limit is 4 weeks. The guideline does not recommend this medication as the first line treatment (ODG) in patients with chronic pain. MTUS guideline recommended antidepressants as the most appropriate treatment for anxiety. Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Therefore this request for valium 2mg bid for unknown duration of treatment is not medically necessary, since there is no documentation of specific need and the efficacy of previous treatment.

Oxycodone; 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opiates Page(s): 86-87, 92.

Decision rationale: Oxycodone immediate release (OxyIR® capsule; Roxicodone® tablets; generic available), are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. Chronic Pain Medical Treatment Guidelines: 8 C.C.R. §§9792.20 - 9792.26 section on opiates 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. Providers are to use the appropriate factor to determine the Morphine Equivalent Dose (MED) for each opioid. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. (Washington, 2007). The MED factor for oxycodone is 1.5. The requested daily dose of oxycodone for this patient is 40mg, which translates to 60mg oral morphine equivalents per day. This dose is within the recommended daily dose; therefore, oxycodone 10mg is medically necessary.