

Case Number:	CM13-0063754		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2001
Decision Date:	04/03/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology , Pain Management and is licensed to practice in Florida. 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 67-year-old injured worker who reported an injury on 07/03/2001 due to a motor vehicle accident that ultimately resulted in fusion surgery. The patient developed chronic low back pain that was managed with medications. The patient's medication schedule included OxyContin, Diazepam, Zolpidem, Nabumetone, and Hyzaar. The patient's most recent objective findings included a positive straight leg raising test bilaterally with decreased sensation to pinprick and tenderness to palpation along the paravertebral musculature. The patient's diagnoses included chronic lumbar back pain and right leg radiculopathy. The patient's treatment plan included continuation of medications and the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends the continued use of opioids be supported by documentation of a quantitative

assessment of pain relief, functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit from medication usage. Additionally, there is no documentation that the patient is monitored for aberrant behavior. The request for a prescription of OxyContin 80 mg #180 is not medically necessary and appropriate.

1 prescription Diazepam 10 mg #90: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend long-term use of benzodiazepines due to the significant risk of physiological and psychological dependence. As the patient has been on this medication for an extended duration, continued use would not be supported. The request for 1 prescription of diazepam 10 mg #90 is not medically necessary and appropriate.

1 prescription of Hyzaar 25/100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines (ODG) does recommend the use of this medication in the management of hypertension. However, the clinical documentation submitted for review does not provide a regular assessment of the patient's blood pressure to determine the efficacy of this medication. Additionally, there is no documentation that the patient is self monitoring blood pressure measurements to assist with determining the appropriateness of this medication. Therefore, continued use would not be supported. The request for 1 prescription of Hyzaar 25/100 mg #30 is not medically necessary and appropriate.