

Case Number:	CM14-0009169		
Date Assigned:	01/29/2014	Date of Injury:	07/09/1997
Decision Date:	08/01/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 49-year-old female who has submitted a claim for cervical pain, disorders of sacrum, and sacroiliac pain associated with an industrial injury date of July 9, 1997. The medical records from 2000-2013 were reviewed. The patient complained of increasing low back pain. The pain radiates down to the bilateral lower extremities. The physical examination showed tenderness to the lumbar paravertebral muscles with tight muscle band on both sides. There was restricted range of motion on the lumbar spine. Motor strength and sensation was intact. An MRI of the lumbar spine, dated June 4, 2003, revealed very minor degenerative disease in the lumbar region with some disc bulging at the L4-5 and L5-S1 levels, with some ligamentous and facet prominence particularly at the L5-S1 level. Treatment to date has included medications, physical therapy, home exercise program, activity modification, cervical epidural injections, and lumbar facet joint injection. Oxycodone 15 mg #30 was also denied because it was inconsistent with Washington state guidelines for opioids, and the patient has not been titrated down and off. Finally, the request for MRI of the lumbar spine was denied as well because there were no documented neurological deficits, patient was not a surgical candidate, patient was neurologically stable, and there was no documented progressive neurologic deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Valium (DIAZEPAM) 5 MG #30 DOS: 12/23/13: Upheld

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

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

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been on Valium since January 2013 and was being used for sleep and anxiety. The progress report dated December 23, 2013 states that she can move better to perform activities of daily living and self care with its use. However, this medication is not recommended for long-term use. In addition, there was no documentation on the submitted medical records that the patient was anxious or has problems with sleep. The medical necessity has not been established. Therefore, the request for retrospective request for Valium (Diazepam) 5 mg #30 DOS: 12/23/13 was not medically necessary.

Retrospective Request for Oxycodone 15 MG #30 DOS: 12/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter Page(s): 78.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Oxycodone since January 2013. The progress report, dated December 23, 2013, stated that the patient finds it helpful for her pain in doing house activities and chores. However, there was no documentation of adverse effects or aberrant drug-taking behaviors. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for retrospective request for Oxycodone 15 mg #30 DOS: 12/23/13 was not medically necessary.

Retrospective Request for Magnetic Resonance Imaging (MRI) of The Lumbar Spine DOS: 12/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter: Magnetic Resonance Imaging (MRI).

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, ODG recommends an MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, an MRI was requested because patient continues to have increased back and leg pains, altered sensations, and increased radicular symptoms. The patient still complains of low back pain radiating to the lower extremities. The recent progress report dated December 23, 2013 documented increased pain level since last visit. However, there was no objective evidence of radiculopathy present. The progress report also stated the medications are working well. The MRI of the lumbar spine dated June 4, 2003 revealed very minor degenerative disease in the lumbar region with some disc bulging at the L4-5 and L5-S1. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for retrospective request for mri of the lumbar spine DOS: 12/23/13 was not medically necessary.