

Case Number:	CM14-0102820		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2009
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on May 10, 2009. The mechanism of injury was listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5 to 2 inch, 147 pound individual who is borderline hypertensive (130/85) and in no acute distress. There was a decrease in lumbar spine range of motion and muscle guarding. Deep tendon reflexes were 2+. Motor function was reportedly 5/5. Sensory was normal to light touch. Diagnostic imaging studies objectified the surgical fusion. Previous treatment included lumbar fusion surgery, rotator cuff surgery, left knee arthroscopy, postoperative rehabilitation and pain control interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet tablets 10/325mg qty:150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 75 of 127 Page(s): 75 OF 127.

Decision rationale: This medication is a short acting opioid and that based on the progress notes presented for review, it is not achieving its intended purpose of relieving symptomatology. There are ongoing complaints of low back pain. As outlined in the MTUS, these medication is intended as an effective method for chronic pain. However, the chronic pain is not under control. Therefore, the efficacy of this medication has not been established and the request for Percocet tablets 10/325 mg quantity 150 is not medically necessary and appropriate.

Diazepam 10mg qty:20.00: 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) Pain Chapter, Anxiety medications in chronic pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Benzodiazepines, page 24 of 127 Page(s): 24 OF 127.

Decision rationale: As outlined in the MTUS, benzodiazepines are not recommended for long-term use, because the efficacy is unproven and there is a risk of dependence. Most guidelines limit use of this medication to approximately 4 weeks. There is no clinical indication for indefinite or chronic use. Also noted was that the chronic use of a benzodiazepine was the treatment of choice in very few conditions. Tolerance was a noted side effect and is uncertain that this has been established. Therefore, based on the physical examination findings reported above, noting the relative limited efficacy of this preparation and by the parameters noted in the guidelines, the request for Diazepam 10mg quantity 20 is not medically necessary and appropriate.

Urine drug screen qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, differentiation: dependence and addiction Criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 4, page 78, ongoing management criteria for opioids.

Decision rationale: The records reflect that this is an individual who does not appear to be guilty about convergence or is abusing the medication being prescribed. As such, there was no clear clinical indication for the continuing urine drug screening based on the contrary patterns, the physical examination noted and the parameters established in the ACOEM Guidelines. Therefore, the request for a urine drug screen quantity 1 is not medically necessary and appropriate.