

Case Number:	CM14-0105624		
Date Assigned:	08/01/2014	Date of Injury:	07/21/2010
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for Cervical DDD, Cervical radiculitis, low back spasm and myofascitis associated with an industrial injury date of July 21, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of neck pain and muscle spasm. On examination, patient was found to have taut muscle bands and tenderness at cervical paraspinal musculature with some muscle spasms and twitch response during palpation of the trapezium and levator scapular region. There was tenderness in the suboccipital region, right left. Treatment to date has included cognitive therapy and medications such as benzodiazepines, opioids and NSAIDs. Utilization review from June 25, 2014 denied the request for Valium 10 mg #20 (1 po qd prn) and Percocet 10/325mg #15 1 po qd. The request for Valium was denied because the medication was not found on urine drug screen. The request for Percocet 10/325 mg #30 was modified to Percocet 10/325 #15 because no opioids were found on the recent drug screen possibly indicating minimal need for opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #20 (1 po qd prn): Upheld

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

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, patient has been using Valium, a benzodiazepine since January 2014. Based from the progress note dated 6/10/14, the patient had been experiencing symptoms and difficulty performing work activities after he decreased the use Valium to one every three days, possibly indicating dependence. Long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Valium 10 mg #20 (1 po qd prn) is not medically necessary.

Percocet 10/325mg #15 1 po qd: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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, the patient had been taking Percocet since at least January 2014. The records indicate that the patient benefited from this medication in terms of pain reduction and improvement in functionality. However, the latest progress notes indicate that the patient was already able to discontinue his Percocet use. It is unclear why the patient still needs to take this medication on a daily basis. Moreover, the recent urine screen was not able to detect the medication requested possibly confirming that the patient discontinued the medication altogether. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Percocet 10/325mg #15 1 po qd is not medically necessary.