MAXIMUS Federal Services

Case Number:	CM14-0017694		
Date Assigned:	04/16/2014	Date of Injury:	11/04/2009
Decision Date:	06/02/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 an employee of [redacted] who has filed a claim for low back pain and pain in the right buttocks associated with an industrial injury date of 11/04/09. The treatment to date has included lumbar epidural injections, physical therapy, aquatic therapy, and acupuncture sessions. Medications given were Zanaflex and Norco prescribed in 2010, Percocet 10/325mg prescribed in 2009. Toprol, Warfarin, Verapamil, Maxide, Tizanide, Elavil, Neurontin, Morphin Sulfate, Clonazepam, Oxycontin 30 mg, and Valium 5mg prescribed since 2013. The medical records from 2010-2013 were reviewed which revealed consistent low back pain with a pain scale of 8/10, right hip pain with a grade of 7/10 and left hip pain with a pain scale of 5/10. Pain is worse in the morning with an aching and burning nature and awakens him regularly at night. There is also numbness and shooting pain in both feet. Patient also had difficulty with sexual activity because of his low back pain. The claimant experiences depressed and anxious mood. In terms of household chores, he still performs cleaning duties and laundry and sometimes cooks the evening meal. Physical examination showed tenderness in the lumbar spine with left paravertebral spasm. The patient has decreased range of motion on all planes of the lumbar spine. Straight leg test is positive bilaterally. Slum test is also positive bilaterally. MRI of the lumbar spine, dated 04/19/2010, showed multilevel degenerative disk disease and moderate size circumflexion disk bulge as well as central disk protrusion noted at L4-5 and L5-S1 causing mild spinal canal stenosis. MRI of the right hip, dated 04/19/2010, revealed moderate degenerative changes in the right hip. The utilization review from 02/06/14 denied the requests for Oxycontin 30mg bid, Valium 5mg bid, and Percocet 10/325mg p.o. bid prn because no improvement in pain scale and functional status were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR OXYCONTIN 30MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

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

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) 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, the patient has been on opioids since 2009. Intake of medications relieved the pain from a grade of 9/10 to 6/10 in severity. However, medical records submitted and reviewed do not provide evidence of functional gains in terms of specific activities of daily living that the patient can perform with the use of opioids. Therefore, the request for Oxycontin 30mg bid is not medically necessary.

PRESCRIPTION FOR VALIUM 5MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

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

Decision rationale: According to page 24 of the 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 its use to 4 weeks. In this case, the patient has been on Clonazepam, similarly a benzodiazepine, since 2013. Medical records submitted and reviewed do not provide documentation if Clonazepam will be replaced by Valium or it will be used as adjunct to therapy, which is not recommended. Furthermore, functional improvement derived from this drug was not evident. Therefore, the request for prescription of Valium 5mg bid is not medically necessary.

PRESCRIPTION FOR PERCOCET 10/325MG PO BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,80.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines page 78, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. Page 80 states that opioids should be discontinued when there are inconsistencies identified in the history, presentation, behaviors or physical findings. In this case, the patient has been taking opioids as far back as 2009; however, most recent progress reports did not show functional improvement in terms of increased activities of daily living conferred by the use of Percocet. Therefore, the request for Percocet 10/325mg po bid prn is not medically necessary.