

Case Number:	CM14-0121486		
Date Assigned:	08/06/2014	Date of Injury:	03/26/1999
Decision Date:	09/11/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/31/2014

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 Medicine and is licensed to practice in California and 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 injured worker is a 73-year-old male injured on 03/26/1999 due to an undisclosed mechanism of injury. Current diagnoses include shoulder, hip joint, lower leg pain, lumbar degenerative disc disease, lumbar facet arthropathy, post-laminectomy syndrome, and lumbar spinal stenosis. A medical note dated 07/15/14 indicates the injured worker presented reporting significant pain relief from the right L2 to L3 lumbar epidural steroid injection performed on 06/20/14. The injured worker reported reduction in pain level from 10/10 to 6/10, approximately 50 to 70 percent improvement in pain with medication use. Continued benefit with the use of pain medications and injections stating a pain level ranging from 0 to 9/10 dependent on activity level. The injured worker reported current medication regimen allows him the ability to perform activities of daily life (ADLs). Medications include Flexeril 10mg three times daily, Naprosyn 375mg, Lidoderm 5% patch, Cymbalta 30mg, Senna, Valium 10mg three times daily, Voltaren gel 1%, Opana extended release (ER), Ambien 12.5 mg, Percocet 10/325 mg, and Cymbalta 60mg. The initial request, for Valium 10mg, quantity 90 and Opana ER 20 mg, quantity 90, was initially noncertified on 07/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #90: Upheld

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

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

Decision rationale: As noted in 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 use to four weeks. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such, the request for Valium 10 mg, quantity 90, cannot be recommended as medically necessary at this time.

Opana ER 20 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opana (Oxymorphone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As such, the medical necessity of Opana extended release (ER) 20 mg, quantity 90, is established at this time.