

Case Number:	CM14-0135567		
Date Assigned:	08/29/2014	Date of Injury:	03/02/2006
Decision Date:	09/30/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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:

This is a case of a 66-year-old female who has filed a claim for right shoulder impingement, failed back surgery syndrome, bilateral sacroiliac joint pain associated with an industrial injury date of 04/14/2006. Medical records from 2012 to 2014 were reviewed. Latest progress reports show that the pain had 75% reduction in pain with improved range of motion after steroid injections. Other complaints of low back, buttock, and hand pain continue to remain the same. Medications greatly help, such that without these and injection therapy she would be very limited. On physical examination, patient has difficulty sitting comfortably and has stiffness and pain when rising from the chair. Upon musculoskeletal exam, there is axial tenderness on the lumbar area, pain with extension and rotation upon lumbar ROM. There is significant tenderness to palpation over bilateral sacroiliac joint, piriformis, and trochanter. FABERs are positive bilaterally. There is pain with flexion and internal rotation of the bilateral hips. Upon examination of the upper extremities, there is tenderness upon palpation of the right shoulder. There is improved range of motion in the right shoulder, with minor discomfort. Treatment to date has included lumbar surgery, steroid injections on the right trochanteric bursa, right shoulder, and medications. Medications taken include Oxycontin, Percocet, Valium, Zolpidem, Gabapentin, Flector, Tizanidine, and Morphine IR. Earliest progress reports documenting Percocet use was September 2012. Valium was started last February 2014. Utilization review dated modified the request for Percocet from #48 to #30 to continue the current weaning regimen as continuation of this medication does not seem appropriate since there was no overall functional improvement reported from medical use. On the same UR, the request for Valium was modified the request from #90 to #8 because use of this medication longer than 4 weeks is not recommended and with weaning expected to be completed at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #48: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 earliest progress report documenting Percocet use was September 2012. Since then she would still complain of debilitating low back pain, pain in her right shoulder, and pain radiating down her right leg and into her right hip. This would be temporarily relieved by the medications and greatly improved with steroid injections. No documentation regarding aberrant drug-taking behaviors was also reported and the medications were well-tolerated. However, there was no documentation of overall functional improvement of the patient with this medication. The clinical indication for the use of this medication is not clearly established. Therefore, the request for Percocet 10/325 mg #48 is not medically necessary.

Valium 5mg #90: Upheld

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

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, the earliest progress report indicating Valium use is February 2014, clearly over the 4-week recommended duration of treatment. Furthermore, no overall functional improvement was documented with use. There is no discussion concerning the need for variance from the guidelines and the clinical indication has not been clearly established. Therefore, the request for Valium 5 mg #90 is not medically necessary.