

Case Number:	CM14-0022154		
Date Assigned:	05/09/2014	Date of Injury:	10/07/2004
Decision Date:	07/10/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	02/21/2014

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 injured employee is a 54-year-old who sustained a work related injury on October 7, 2004. The injured employee was seen most recently on April 29, 2014 and complained of chronic back and knee pain. This pain was rated at 9/10 without medications and 4-5/10 with medications. Current medications are stated to include Soma, OxyContin, Norco, Lidoderm, Valium, lovastatin, Aggrenox, glipizide, and Janumet. It is stated that these medications enable the injured employee to stand and walk with less pain, sleep better at night time, and increase her abilities to perform activities of daily living. Soma is also used during the daytime. The physical examination on April 29, 2014 noted that the injured employee had pain and a sacral disorder. Soma, OxyContin, and Lidoderm patches were prescribed. Norco, Valium, and Zanaflex were discontinued. An independent medical review, dated January 25, 2014, did not certify prescriptions of OxyContin and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; WEANING OF MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids for chronic pain Page(s): 80 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that long-term efficacy of opioid use for chronic pain is limited, and the previous independent medical had concerns regarding both the efficacy of this medication and its use along with Norco. The injured employee's medical record does indicate that there is a significant pain reduction level with this medication as well as an increased ability to perform activities of daily living. The medical record also states that Norco has now been discontinued. Considering this, it seems reasonable to continue the injured employee on this prescription of OxyContin. The request for oxycontin 80mg, ninety count, is medically necessary and appropriate.

VALIUM 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning Of Medications - Benzodiazepine.

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

Decision rationale: The most recent office visit, dated April 29, 2014, in the attached medical record, states that Valium has been discontinued for the injured employee and that Zanaflex is being used instead. Therefore, there is no indication to continue this medication. The request for Valium 10 mg, thirty count, is not medically necessary or appropriate.