

Case Number:	CM14-0026207		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2010
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/01/2014

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 Illinois. 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 43-year-old male who reported an injury on 03/12/2010. The mechanism of injury was not cited within the documentation provided. It is to be noted that there was a Request for Authorization submitted on 02/21/2014; in the clinical note dated 06/05/2014, the injured worker complained of low back pain that went down both legs. The injured worker rated his pain level status at 8/10, with the description of constant, burning, stabbing, and pressure. The injured worker stated that pain was improved while lying down and changing of positions. The injured worker's prescribed medication regimen included Tylenol 500 mg, baclofen 10 mg, Docusate sodium 100 mg, clonazepam 1 mg. Prior treatments included a lumbar laminectomy, performed 11/07/2013, home exercises and TENS unit. Failed treatments included surgery and physical therapy. The physical examination of the lumbar spine revealed decreased range of motion with pain bilaterally. It was also noted that there was tenderness upon palpation bilaterally over the paraspinal muscles, and sacroiliac joints. A straight leg raise test was noted to be positive bilaterally. It was noted that the injured worker was weaning off medications. It was also noted that the injured worker had severe anxiety and needed medication to calm down. The diagnoses included postlaminectomy syndrome, lumbar region; lumbar spinal stenosis without neurogenic claudication; and thoracic/lumbosacral neuritis/radiculitis unspecified. The treatment plan included the continuation of clonazepam, Benadryl, Tylenol, and baclofen, continuation with physical therapy, a psychological referral, future pain management as needed, and to be off of all narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #30, x 3: Upheld

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

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

Decision rationale: The request for diazepam 10 mg #30 x3 is non-certified. The California MTUS guidelines state that 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 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Although the Request for Authorization for diazepam 10 mg was submitted on 02/21/2014, there is a lack of clinical documentation to support the request. In the clinical notes used for review, there is not an indication for the use for diazepam. It is annotated that the injured worker is weaning off all medications. Therefore, the request for diazepam 10 mg #30 x3 is not medically necessary.

Oxycodone 15mg #180, x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page(s) 80, 92. Opioids for chronic pain, page(s) 80-82 and Opioids, criteria for use, page(s) 76-80 Page(s): 80, 92; 80-82 ; page(s) 76-80.

Decision rationale: The request for oxycodone 15 mg #180 x3 is non-certified. The California MTUS Guidelines state that opioids for back pain appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. Failure to respond to a time-limited course of opioids has led to reassessment and consideration of alternative therapy. Oxycodone is indicated for the management of moderate to severe pain, when a continuous, around-the-clock analgesic is needed for an extended period of time. In the clinical documentation provided for review, it is noted that there was a Request for Authorization submitted for the requested oxycodone; however, there is a lack of clinical documentation to support the use of the oxycodone. In the clinical documentation used for review, it is annotated that the injured worker is weaning off all narcotics. Therefore, the request for oxycodone 15 mg #180 x3 is not medically necessary.

Fentanyl 12 mcg/hr #15, x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), 44 and Opioids, specific drug list Page(s): 91-94.

Decision rationale: The request for fentanyl 12 mcg/hr #15, x1, is non-certified. The California MTUS Guidelines state that fentanyl transdermal system is not recommended as a first-line therapy. Fentanyl transdermal system is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. It should only be used in patients who are currently on opioid therapy for which tolerance has developed. The patches should be applied to intact skin only. In the clinical documentation provided for review, it is noted that there was a Request for Authorization submitted for the requested fentanyl; however, there is a lack of clinical documentation to support the use of the fentanyl 12 mcg/hour patch, such as the need for continuous opioid analgesia. There is also lack of documentation of the injured workers prior use, frequency, efficacy or location of the fentanyl. In the clinical documentation used for review, it is annotated that the injured worker is weaning off all narcotics. Therefore, the request for fentanyl 12 mcg/hour #15, x1, is not medically necessary.