

Case Number:	CM14-0028553		
Date Assigned:	06/16/2014	Date of Injury:	04/10/2002
Decision Date:	08/04/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 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:

According to the records made available for review, this is a 50-year-old female with a 4/10/02 date of injury. At the time (1/22/14) of the request for authorization for Valium 10 mg #30 and Oxycodone 20 mg #45, there is documentation of subjective (pain in the neck and lumbar spine) and objective (tenderness noted at cervical paravertebrals, trapezius, and upper part of rhomboids; slightly restricted range of motion in all planes of motion; tenderness noted throughout the lumbar paravertebrals) findings, current diagnoses (cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain), and treatment to date (medication including Valium and Oxycodone for at least 6 months). Regarding Valium 10 mg #30, there is no documentation of the intention to treat over a short course (less than four weeks). Regarding Oxycodone 20 mg #45, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10 MG #30: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that Benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. However, given documentation of records reflecting prescriptions for Valium since at least 7/3/13, there is no documentation of the intention to treat over a short course (less than four weeks). Therefore, based on guidelines and a review of the evidence, the request for Valium 10 mg #30 is not medically necessary.

OXYCODONE 20 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of treatment with Oxycodone for at least 6 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Oxycodone for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Oxycodone. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 20 mg #45 is not medically necessary.

