

Case Number:	CM14-0033930		
Date Assigned:	06/20/2014	Date of Injury:	09/27/2004
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 & 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 with a reported injury on 09/27/2004. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/26/2014 reported that the injured worker complained of chronic low back pain. The physical examination of the injured worker's lumbar spine revealed spasms, tenderness and limited range of motion. It was reported that the injured worker had a positive straight leg raise on the right to 45 degrees and motor weakness on the right to 4/5. The injured worker's prescribed medication list included Cymbalta, Benadryl, Norco, Ativan, Valium, Restoril and oxycodone. The injured worker's diagnoses included status post lumbar fusion; lumbar discogenic disease; chronic low back pain; symptomatic hardware, lumbar spine; major depressive disorder; sleep disturbance; and possible right lower extremity causalgia. The provider requested Norco, oxycodone, Ativan and Valium; the rationales were not provided within the clinical notes. The request for authorization was submitted on 02/21/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The request for Norco 10/325 mg #360 is non-certified. The injured worker complained of low back pain. The treating physician's rationale for Norco is not provided within clinical notes. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Norco as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization or frequency of the medication being requested. As such, the request is deemed not medically necessary.

Oxycodone 30mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, and Opioids, criteria for use Page(s): 97, 78.

Decision rationale: The request for oxycodone 30 mg #150 is non-certified. The injured worker complained of low back pain. The treating physician's rationale for oxycodone was not provided within the clinical notes. The California MTUS guidelines state oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of oxycodone as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization or frequency of the medication being requested. As such, the request is not medically necessary.

Ativan 1mg #90: Upheld

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

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

Decision rationale: The request for Ativan 1 mg #90 is non-certified. The injured worker complained of low back pain. The treating physician's rationale for Ativan was not provided within the clinical notes. Ativan is classified as a benzodiazepine and the CA MTUS does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is a lack of clinical information provided documenting the efficacy of Ativan as evidenced by decreased anxiety with significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requested provider did not specify the utilization or frequency of the medication being requested. In addition, the duration of Ativan was not provided within the clinical notes; the guidelines do not recommend benzodiazepines for long term utilization. As such, the request is not medically necessary.

Valium 5mg #90: Upheld

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

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

Decision rationale: The request for Valium 5 mg #90 is non-certified. The injured worker complained of low back pain. The treating physician's rationale for Valium was not provided within the clinical notes. The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is a lack of clinical information provided documenting the efficacy of Valium as evidenced by decreased anxiety and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization or frequency of the medication being requested. In addition, the injured worker's duration of the utilization of Valium was not provided; the guidelines do not recommend long term utilization of benzodiazepines. As such, the request is not medically necessary.