

Case Number:	CM14-0039762		
Date Assigned:	06/27/2014	Date of Injury:	03/02/2006
Decision Date:	08/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational Medicine 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:

This is a 66-year-old female with a 3/2/06 date of injury. The mechanism of injury was not noted. According to a 7/7/14 progress note, the patient complained of lower back pain, right shoulder, and wrist pain rated an 8/10, on a pain scale of 0-10. Objective findings: antalgic cane, axial tenderness to lumbar palpation, lumbar range of motion has pain with extension and rotation, significant tenderness to pelvis palpation over bilateral sacroiliac joint, piriformis, and trochanter, pain with flexion and internal rotation of bilateral hips, right shoulder tender to palpation, sensory loss noted in bilateral lower extremities. Diagnostic impression: impingement of right shoulder, failed back surgery syndrome, bilateral sacroiliac joint pain. Treatment to date: medication management, activity modification, surgery. A UR decision dated 3/24/14 modified the requests for Percocet and Valium. Percocet was modified from a quantity of 240 tablets to 135 tablets for weaning purposes. There is a lack of evidence of improved pain or function, which is in variance of recommendations of the current evidenced based guideline criteria for continuing opioid therapy. Therefore, weaning from opioids is clinically appropriate in this case. The request for Valium was modified from 90 tablets to 39 tablets for weaning purposes. The patient has been using Valium at least since December of 2013, which exceeds guideline recommendations of no more than 2 weeks, without any compelling evidence of clinical benefit specifically as a result of its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, according to the UR decision dated 3/24/14, a previous UR decision dated 2/24/14 modified the request for Percocet for weaning purposes. There is no documentation in the reports reviewed that the physician has addressed the issue of weaning. Therefore, the request for Percocet 10/325 mg #240 is not medically necessary.

Valium 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Weaning of benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. According to the reports reviewed, the patient has been on Valium since at least 12/20/13, if not earlier. Guidelines do not support the long term use of benzodiazepines. In addition, the patient is also on opioid medications, Oxycotin and Percocet. The combination of opioids and benzodiazepines can increase the risk of side effects, such as sedation. Furthermore, according to the UR decision dated 3/24/14, previous UR decisions dated 1/15/14 and 2/24/14 modified the requests for Valium for weaning purposes. There is no documentation that the provider has addressed the recommendations for weaning. Therefore, the request for Valium 5 mg #90 is not medically necessary.