

Case Number:	CM14-0040778		
Date Assigned:	06/27/2014	Date of Injury:	11/01/2011
Decision Date:	07/23/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Interventional Spine 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:

The case involves a 56 year-old male with a 10/1/2011 injury. He was a truck driver who fell off a step on the truck and injured his back. He has not worked since 10/1/2011. He underwent discectomy and vertebrectomy L2/3 with PEEK prosthesis, and reduction of scoliosis and spondylolithesis reduction at L3/4 on 8/28/12. He has been declared P&S and has been undergoing pain management with [REDACTED]. On 1/7/14 [REDACTED] evaluated the patient for participation in [REDACTED]. The patient has been diagnosed with continued myofascial back pain, s/p lumbar surgery. The 1/7/14 report states the patient is taking Oxycodone 30mg 2 tablets q4h, and Valium 10mg 1 qam and 2 tablets qhs. There is a UDS report from [REDACTED] dated 11/6/13, noting use of Valium and Oxycodone. On 3/27/14 UR recommended modification for the oxycodone and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg, 2 tablets 6 times a day for pain, #360, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The case involves a 56 year-old male with a 10/1/2011 injury. He was a truck driver who fell off a step on the truck and injured his back. He has not worked since 10/1/2011. He underwent discectomy and vertebrectomy L2/3 with PEEK prosthesis, and reduction of scoliosis and spondylolithesis reduction at L3/4 on 8/28/12. He has been declared P&S and has been undergoing pain management with [REDACTED]. On 1/7/14 [REDACTED] evaluated the patient for participation in [REDACTED]. The patient has been diagnosed with continued myofascial back pain, s/p lumbar surgery. The 1/7/14 report states the patient is taking Oxycodone 30mg 2 tablets q4h, and Valium 10mg 1 qam and 2 tablets qhs. There is a UDS report from [REDACTED] dated 11/6/13, noting use of Valium and Oxycodone. On 3/27/14 UR recommended modification for the oxycodone and Valium. The IMR request is for use of Oxycodone HCL 30mg, 2 tablets 6 6 times a day, #360. The MTUS criteria for opioids requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines. Recommend non-certification.

Valium 10mg tab, 1 every morning and 2 at hour of sleep as needed, #45, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS on benzodiazepines, pg 24: Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Page(s): 24.

Decision rationale: The case involves a 56 year-old male with a 10/1/2011 injury. He was a truck driver who fell off a step on the truck and injured his back. He has not worked since 10/1/2011. He underwent discectomy and vertebrectomy L2/3 with PEEK prosthesis, and reduction of scoliosis and spondylolithesis reduction at L3/4 on 8/28/12. He has been declared P&S and has been undergoing pain management with [REDACTED]. On 1/7/14 [REDACTED] evaluated the patient for participation in his HELP program. The patient has been diagnosed with continued myofascial back pain, s/p lumbar surgery. The 1/7/14 report states the patient is taking Oxycodone 30mg 2 tablets q4h, and Valium 10mg 1 qam and 2 tablets qhs. There is a UDS report from [REDACTED] dated 11/6/13, noting use of Valium and Oxycodone. On 3/27/14 UR recommended modification for the oxycodone and Valium. The IMR request is for use of Valium 10mg 1 in the morning and 2 at hour of sleep as needed, #45. Valium is a

benzodiazepine. MTUS guidelines for benzodiazepines states these are not recommended for long-term use and that most guidelines limit use to 4-weeks. The records show the patient has been using Valium since 11/6/13. The continued use of Valium over 2-months is not in accordance with MTUS guidelines. Recommend non-certification.