

Case Number:	CM14-0043064		
Date Assigned:	06/30/2014	Date of Injury:	07/28/2000
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Tennessee. 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 61-year-old male with a 7/28/00 date of injury. The patient was working at a steel fabrication facility and had to carry panels of steel that weighed more than several hundred pounds each. He developed the onset of neck pain and then low back pain and right upper extremity pain, numbness, and tingling. According to a 5/16/14 progress note, the patient complained of neck pain that is present constantly. He described burning pain, numbness, and tingling that radiated down the dorsal lateral surface of his right upper extremity. He also described low back pain at the thoracolumbar junction. Objective findings: limited ROM of the cervical spine, diffuse spasm and guarding around the cervical spine and bilateral cervical brachial regions, palpatory exam showed spasm and guarding at the base of the thoracic spine and into the base of the proximal lumbar spine. Diagnostic impression: cervical spondylosis and stenosis, right upper extremity radiculopathy, lumbosacral strain. Treatment to date: medication management, activity modification, physical therapy, trigger point injections. A UR decision dated 4/1/14 modified the request for Oxycodone from 120 tablets to 90 tablets and Valium from 90 tablets to 36 tablets for weaning purposes. Regarding oxycodone, there has been no change in his function level. In the absence of improvement in pain level or function, this medication should be weaned. Regarding Valium, the patient has been on Valium since at least July 2012 and this is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Oxycodone 10mg. #120: Upheld

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

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. The patient states in several of the progress notes that his pain level remains at a 9-10/10 despite the use of oxycodone. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for One (1) prescription for Oxycodone 10mg. #120 was not medically necessary.

One (1) prescription for Valium 10mg. #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24 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 10/9/12, if not earlier. Guidelines do not support the long-term use of benzodiazepines. In addition, the patient is taking oxycodone, an opioid medication. The combination of opioids and benzodiazepines can increase the risk of side effects, such as sedation. Furthermore, a UR decision dated 2/12/14 modified the request for Valium for weaning purposes. There is no documentation provided showing that the physician has addressed the issue of weaning. Therefore, the request for One (1) prescription for Valium 10mg. #90 was not medically necessary.