

Case Number:	CM14-0044993		
Date Assigned:	07/02/2014	Date of Injury:	10/03/2011
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 48-year-old male with a 10/3/11 date of injury, when he fell off the truck and hurt his low back and knee. The patient underwent L5-S1 fusion with L4-S1 posterior instrumented fusion in 1998. The removal of hardware and instrumentation was on 2/26/13. The patient was seen on 2/20/14 with complaints of low back pain. Exam findings revealed tenderness to palpation in the L3-L4 area and decreased sensation along the lateral aspect of the foot. Faber sign and straight leg raise test were negative bilaterally. Low back pain was noted with lumbar extension. The removal of hardware surgery significantly improved patient's back pain and he was able to return to work full time. The patient was increasing his activities and he was able to markedly wean down on the pain medication. It was noted that the patient is still taking Percocet for residual low back pain. The patient was scheduled for bilateral L3-L4. The patient had bilateral L3-L4 medial branch blocks, which provided 70% improvement in his pain for 4 hours on 2/26/14. The patient was seen on 5/19/14 with complaints of low back pain and for follow up after his removal of hardware and instrumentation procedure. Exam findings revealed slightly antalgic gait on the left and tenderness to palpation of the L3-L4 facet joints bilaterally. The patient was able to heel and toe walk without difficulties. FABER sign and straight leg raise test were negative bilaterally. He also underwent right L3-L4 RFA on 6/4/14 with 70 % improvement and left L3-L4 RFA on 6/25/14 with 75% improvement medical branch blocks. The patient has been taking Percocet at least from 10/5/12 and Valium from 2/2/14. The diagnosis is postlaminectomy syndrome, lumbosacral spondylosis, and status post lumbar fusion. Treatment to date: medications, bilateral L3-L4 facet blocks, permanent dorsal column stimulator (5/17/12), lumbar fusion (1999) and medications. An adverse determination was received on 4/4/14. The request for Percocet 10/325 mg #120 was modified to #90 to initiate a

weaning process or to allow the provider time to document derived functional benefit if any. The request for Valium 10mg #60 was modified to #45 to initiate a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. The patient has been using Percocet at least from 10/5/12 and he still has ongoing pain complaints. However there is no documentation to support a decrease in VAS or ongoing functional gains with this medication. In addition, the patient was noted to have a rhizotomy at L3/L4 that resulted in a 75% decrease in pain, and it is unclear why the patient requires the same dose and schedule of this medication. The UR decision dated 4/4/14 stated, that request for Percocet 10/325 mg #120 was modified to #90 to initiate a weaning process or to allow the provider time to document derived functional gains. Therefore, the request as submitted for Percocet #120 was not medically necessary.

Valium 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines 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. The patient has been taking Valium at least from 2/2/14. The UR decision was modified from Valium 10mg#60 to #45 to initiate a weaning process. There is a lack of documentation that a taper has been initiated to date. In addition CA MTUS do not recommend the treatment with benzodiazepines over 4 weeks and the patient exceed this period already. Therefore, the request for Valium 10mg #60 was not medically necessary.

