

Case Number:	CM14-0047098		
Date Assigned:	07/02/2014	Date of Injury:	01/03/2013
Decision Date:	08/27/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/02/13 while working as a Heavy Equipment Mechanic when a forklift arm struck his face, pinning his head against a metal rack with injuries to his face and neck. He was seen for a dental evaluation on 04/10/13. He had minimal frequent bitemporal headaches and minimal constant facial pain bilaterally. He had clicking noises and grinding of the right temporomandibular joint and was having difficulty chewing and opening his mouth and had symptoms of dry mouth attributed to his medications. He had neck pain, itching in ears, difficulty sleeping, fatigue, and emotional stressors. He was seen by the requesting provider on 07/22/13 and released to full duty. On 04/14/14 he was placed at modified work with restrictions of no climbing or operating machinery. Medications were being continued. There was concern that the Percocet could cause a work accident and the claimant wanted to be placed out of work. On 05/05/14 work restrictions had not been accommodated. Modified duty was continued. On 06/02/14 he was placed out of work. Percocet 10/325 mg #120 and Valium 2 mg #120 were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

Decision rationale: The claimant is more than 1 years status post work-related injury and is being treated for chronic headaches. In terms of his headaches, these are not adequately described in terms of the location, character, frequency, or duration. The classification of his headaches cannot be determined. In this case, there is a risk of medication overuse as well as rebound headache with continued Percocet use. Additionally, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Therefore, the request of Percocet 10/325 #90 is not medically necessary and appropriate.

Valium 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The claimant is more than 1 years status post work-related injury and is being treated for chronic headaches. In terms of his headaches, these are not adequately described in terms of the location, character, frequency, or duration. The classification of his headaches cannot be determined. Valium (Diazepam) is a Benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Therefore, the request of Valium 2mg #120 is not medically necessary and appropriate.