

Case Number:	CM14-0050255		
Date Assigned:	06/25/2014	Date of Injury:	02/16/1994
Decision Date:	07/25/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 47-year-old male who reported an injury on 02/16/1994; the mechanism of injury was not provided. The clinical note dated 05/30/2014 noted the injured worker presented with worsening left-sided weakness, numbness, and neuropathy symptoms. He also noted right knee pain and swelling and urinary symptoms. Current medications included Oxycodone, Valium, and Voltaren gel. Prior therapy included surgery, epidural steroid injections, and testosterone injections. The injured worker reported 70% to 80% relief of painful symptoms and occasional nausea and constipation. Upon examination, the injured worker had constipation, back and joint pain, urinary incontinence, and numbness in non-specific extremities. Examination of the lumbar spine revealed tenderness and severe pain with range of motion. The provider recommended Valium 5 mg #60 and Oxycodone 30 mg #240. The provider's rationale was not provided. The request for authorization form was dated 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

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

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

Decision rationale: The request for Valium 5 mg #60 is non-certified. Valium is known generically as diazepam and is a benzodiazepine primarily indicated as a sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are not recommended due to rapid development of tolerance independence; most guidelines limit the use to 4 weeks. Per the clinical note dated 02/18/10414, the injured worker was being prescribed Xanax and has been prescribed Xanax since at least 04/25/2012. Xanax was certified with modification of 30 tablets from the original 75 tablets for the purpose of weaning. Due to the high risk of dependence since the injured worker had utilized Xanax previously, it does not appear medically necessary to switch the patient to Valium. Furthermore, the provider's request did not indicate the frequency of the medication being requested. As such, the request is not medically necessary.

Oxycodone 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Oxycodone 30 mg #240 is non-certified. The California MTUS Guidelines state Oxycodone is intended for the management of moderate to severe pain, when continuous, around-the-clock analgesic is needed for an extended amount of time. The guidelines suggest ongoing use of opioids is contingent upon documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain and increased level of function. The injured worker has been prescribed Oxycodone since at least 04/2012. The injured worker reported pain improvement at 6/10 with no change in functional status. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.