

Case Number:	CM14-0052113		
Date Assigned:	07/07/2014	Date of Injury:	11/01/2000
Decision Date:	08/06/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/21/2014

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 Management 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 patient with a date of injury of 11/1/2000. A utilization review determination dated 4/5/14 recommends modification of Percocet from #120 to #90 and diazepam from #60 to #52. 1/20/14 medical report identifies low back pain and severe right sciatica. There are some dysesthesias in the right leg as well as mildly on the left. He now is taking three of four Vicodin per day, also Percocet for pain control. On exam, there is slight weakness of the right quadriceps, hypalgesia over right L4, L5, and S1, SLR positive at 35 on right and 20 on left, and tenderness at the L4-5 and L5-S1 levels bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Percocet 3/325 mg Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect,

objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Percocet is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, the patient is noted to concurrently be using Vicodin, and the use of concurrent short-acting opioids is redundant. Opioids should not be abruptly discontinued, but in light of the above issues the currently requested Percocet is not medically necessary.

1 prescription for Diazepam 5 mg Quantity 60: Upheld

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

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

Decision rationale: Regarding the request for diazepam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested diazepam is not medically necessary.