

Case Number:	CM14-0052931		
Date Assigned:	07/07/2014	Date of Injury:	04/22/2003
Decision Date:	09/17/2014	UR Denial Date:	03/20/2014
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 and is licensed to practice in Alabama, New York and Maryland. 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 patient is a 53 year old female who was injured on 04/22/2003. The mechanism of injury is unknown. The patient underwent right lateral epicondylar extensor tendon repair on 06/30/2014. Prior treatment history has included TENS, home exercise program, Ativan, oxycodone, Percocet, Valium, Diltiazem, EpiPen, Nitrostat, and Pravastatin. There are no toxicology reports available for review. Progress report dated 03/27/2013 documented the patient to have complained of upper and lower back pain, right shoulder pain, and left leg pain. She complained of headache, joint pain and stiffness, bowel/bladder changes; nausea, neck pain muscle atrophy and numbness and weakness. She reported her quality of sleep is poor. Objective findings on exam revealed tenderness to palpation of the paracervical muscles. Spurling's maneuver causes radicular symptoms on both the sides. Neurological exam revealed normal tone, power and nutrition to muscles. She is diagnosed with cervical disc disorder, low back pain, depression and anxiety, chronic pain syndrome, lumbar spine degenerative disk disease, and cervical spine. Prior utilization review dated 03/20/2014 states the request for Valium 10 mg #120 with two refills has been modified to Valium 10 mg #120 with 1 refill; Oxycodone IR 30 mg #240 with two refills is modified to oxycodone IR 30 mg #240 with no refills; and Percocet 10/325 #120 with two refills has been modified to Percocet 10/325 mg #120 with no refills to attempt weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #120 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: The MTUS CPMT guidelines recommend the use of benzodiazepines as a second/third line of treatment for pain, only for a 4 week period or less. The medical records document reveals that this patient has been using this medication for much longer than recommended by the guidelines. Therefore, the request exceeds guidelines and is not medically appropriate or medically necessary.

Oxycodone IR 30 mg #240 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Opioids.

Decision rationale: According to the MTUS CPMT guidelines, immediate release opioid analgesics such as oxycodone IR are considered a second-line option for the treatment of neuropathic pain due to the increased incidence of side effects, unproven long-term safety and efficacy, and risks of endocrine or immunologic disruption, hyperalgesia, and misuse/abuse. Long term use should be closely monitored based on patient's improvement and a tapering schedule be planned to avoid any withdrawal symptoms. Based on the medical records available for this patient, there is persistent increase in pain and decreased functional capacity at the most recent interval visit. In addition to lack of improvement, patient is taking up to 420 mg of opioid / day when the oxycodone IR and Percocet are combined which exceeds the guideline recommendation to limit dosage to 120 mg per day. However, the concurrent recommendation of tapering of valium takes precedent, and continued use of opioids is warranted only until benzodiazepine weaning is complete. With these consideration and guidelines, this request to have 2 refills is not medically necessary in this case.

Percocet 10/325 #120 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Opioids.

Decision rationale: As mentioned above and by the MTUS CPMT guidelines, a weaning of Percocet is recommended at the time of tapering valium since the patient has had no benefits from the opioids at an exceeding dose in combination with the oxycodone IR. However, #120 Percocet 10/325 with 2 refills is not a medical necessity.