

Case Number:	CM14-0054600		
Date Assigned:	07/07/2014	Date of Injury:	07/03/2001
Decision Date:	08/07/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 57 year old male who was injured on 7/3/2001. The diagnoses are low back pain, status post lumbar fusion, lumbar radiculopathy and chronic pain syndrome. There are associated diagnoses of insomnia, anxiety, depression and constipation. The 3/11/2014 MRI showed multilevel degenerative disc disease L1-2, L2-3 and fusion L3-L4, L4-5. [REDACTED] documented subjective complaints of low back pain associated with bilateral legs numbness. The patient was ambulating with antalgic gait. The use of the pain medications enabled the patient to increase ADL and physical functions. On 4/4/2014, [REDACTED] noted that the low back pain was radiating to the lower extremities. A request to authorization for lumbar epidural steroid injection was pending approval. The medications are oxycodone, nebumetone and gabapentin for pain, duloxetine for depression, zolpidem for insomnia and OTC Miralax for constipation. The record noted that diazepam was being used for the treatment of muscle spasm. A Utilization Review determination was rendered on 4/17/2014 recommending non certification for oxycodone 30mg #180 and diazepam 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-96, 124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Adequate response to opioid treatment include functional improvement and reduction of pain but with limited adverse effects. Long term opioid administration may lead to tolerance, addiction and opioid induced hyperslgesia. The concurrent use of opioids with psychiatric medications and other sedatives is associated with increased incidence of severe drug interactions and adverse effects. The record indicate that the patient is utilizing oxycodone 80mg in addition to oxycodone 30mg #180. The patient is also utilizing diazepam, zolpidem and duloxetine. There are reports of side effects such as constipation and sleep disturbances. The criteria for the use of oxycodone 30mg #180 was not met and the request for Oxycodone 30mg, #180 is not medically necessary.

Diazepam 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants for Pain, Opioids: Ongoing Management Page(s): 24,63-66,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of benzodiazepines in the management of symptoms associated with chronic pain syndrome. It is recommended that the use of benzodiazepines be limited to periods of less than 4 weeks because of the development of tolerance, dependency and addiction associated with chronic use. [REDACTED] indicated that the diazepam was being utilized for the treatment of muscle spasm. The guidelines recommend only non sedating muscle relaxants be utilized when indicated. The concurrent utilization of high dose opioids with multiple sedatives is associated with increased risk of adverse drug interactions and adverse effects. The criteria for the use of diazepam 10mg #90 was not met and the request for Diazepam 10mg, #90 is not medically necessary.