MAXIMUS Federal Services

Case Number:	CM14-0057160		
Date Assigned:	07/09/2014	Date of Injury:	03/02/2006
Decision Date:	08/12/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 Internal Medicine, 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:

The patient is an injured worker with right shoulder and back conditions. The date of injury was 4/14/06. A progress report dated 2/13/14 was provided by [redacted]. Subjective complaints were documented. The patient complains of severe axial spine pain. Symptoms are quite severe 2 to 3 times per month. Episodes of severe pain lasting several minutes and may occur several times during any particular day. She has radiation of pain into buttocks and sacroiliac joints, also has right shoulder pain. Physical examination demonstrated the following: slow gait/station, antalgic, lumbar tenderness, pain with extension and rotation, right shoulder tender, upper extremities motor at 5/5, negative straight leg raise, and lower extremities motor at 3/5. Diagnoses were impingement right shoulder, failed back surgery syndrome, bilateral sacroiliac joint pain. The treatment plan included the following: OxyContin 20 mg extended release, Percocet 10/325 mg #240, and Valium 5 mg #90. A progress report dated 12/20/13 documented the following: OxyContin 20 mg extended release #60, Percocet 10/325 mg #240, break through pain, and Valium 5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Percocet 10/325 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12, 76-80, 86, 92, 94-95, 97.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines addresses Percocet, which is a combination medication containing Oxycodone and acetaminophen. Acetaminophen has a warning of hepatotoxicity. Liver injury is associated with the use of acetaminophen at doses that exceed 4000 milligrams per day. A progress report dated 2/13/14 documented a prescription for Percocet 10/325 mg, 1-2 every 4-6 hours as needed, which results in a dose of acetaminophen of up to 4,000 milligrams a day, which is potentially hepatotoxic. Recent laboratory tests evaluating liver function were not documented. Thus, Percocet is not recommended on the basis of potential hepatotoxicity. As such, the request is not medically necessary.

Prospective request for 1 prescription of Valium 5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that 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 four weeks. A progress report dated 2/13/14 documented a prescription for Valium 5 mg tablet three times a day, #90. A progress report dated 12/20/13 documented a previous prescription for Valium 5 mg tablet three times a day, #90. The MTUS guidelines do not recommend the long term use of benzodiazepines. As such, the request is not medically necessary.