

Case Number:	CM14-0062390		
Date Assigned:	07/11/2014	Date of Injury:	09/21/2000
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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 43 year old female who had a work-related injury on 09/21/00. She injured her lower back when she was performing a routine foster-parent visit and a small child started running to an open door, she grabbed the girl, picked her up, experienced immediate pain in her lower back. She reported the injury and initiated conservative treatment that failed. She then underwent epidural steroid injections and finally an Intradiscal Electrothermic Therapy (IDET) procedure. The IDET procedure increased the pain and the injured worker was referred to a neurosurgeon and underwent microdiscectomy. There was complications of a dural tear and development of a pseudomeningocele and headaches. She underwent additional procedures and blood patch without relief and eventually repeated a microdiscectomy to repair the dural tear. She remained to have chronic pain since these procedures and had been treated with pain specialists. Physical examination revealed her visual analog scale score was 7/10 with medication and 10/10 without medication. She was awake and oriented. She moved around the room frequently as quite anxious and agitated. Diagnoses are post-laminectomy pain, status-post failed IDET, status-post microdiscectomy times 2 with a pseudomeningocele repair, chronic headache syndrome, fibromyalgia, narcotic dependency, and bilateral lower extremity radicular pain. Treating physician recently inherited the patient, his notes states that he is trying different units and combinations of medications to attempt to wean her to the lowest effective dosage. She states that she understands but has significant difficulty grasping the concept. Prior utilization review dated 04/03/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80 Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Oxymorphone (Opana®).

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Physical examination revealed her visual analog scale score was 7/10 with medication and 10/10 without medication. There is no documentation of functional improvement. The provider states that he is trying to wean her off, but increased Opana from 10mg to 15mg. As such, the request for Opana 15mg is not medically necessary and appropriate.

Valium 10mg: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." Therefore, the request for Valium 10mg is not medically necessary and appropriate.