

Case Number:	CM14-0063134		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2001
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
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 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 injured worker is a 49 year old female who is reported to have a date of injury of 10/25/2001. The mechanism of injury is not described. Per the serial clinical notes, she has a diagnosis of displacement of cervical intervertebral disc without myelopathy and degeneration of a lumbar disc. The record does not contain any imaging studies. The serial clinical notes contain no detailed physical examinations. These notes indicate that the injured worker's pain levels vary between 6 and 8/10 with the most recent notes reporting 8/10 pain. Review of the clinical records indicates there is a medication agreement in effect. The injured worker undergoes routine urine drug screening for compliance which is reported to be appropriate. These urine drug screen reports are not available for review. The record reflects that a Cures was noted to be appropriate on 03/12/14. It is reported that the injured worker receives functional benefit from her current medication profile which includes Valium 5mg, gabapentin 800mg, ibuprofen 400 mg, Cymbalta 60mg, Lidoderm 5% patches, Soma 350mg, oxycodone 10mg, Voltaren 1% topical gel, Protonix 20mg and Simvastatin 20mg. The record contains a utilization review determination dated 04/28/14 in which requests for Oxycodone 10mg #240 and Valium 5mg #120 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCl 10mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for oxycodone HCL 10mg #240 is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained injuries to the cervical and lumbar spines. The effect of these injuries is not documented in the clinical records. All notes reviewed contained no physical examination results and merely reported VAS scores. The records fail to provide appropriate data to establish the efficacy of this medication in the treatment of the injured worker's work related injuries. While all other aspects of monitoring and compliance are documented, in the absence of objective data establishing the efficacy of this medication, medical necessity is not established.

Valium 5mg #120: Upheld

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

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

Decision rationale: The request for Valium 5 mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained injuries to the cervical and lumbar spines. The nature and extent of injuries as well as the physiologic effects of these injuries is not documented in the clinical record. The record provides no data from which to substantiate the medical necessity for the use of Valium 5 mg. There is no data establishing the efficacy of this medication. It would be noted that California Medical Treatment Utilization Schedule does not support the chronic use of Valium for the treatment of chronic pain. Therefore, in the absence of a clear indication for this medication and noting the absence of objective findings to establish the efficacy of this medication, medical necessity has not been established.