MAXIMUS Federal Services

Case Number:	CM14-0063945		
Date Assigned:	07/11/2014	Date of Injury:	11/14/2004
Decision Date:	08/20/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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 67 year old male who was injured in 11/14/2004.The diagnoses are cervicalgia, thoracic spine pain, low back pain and bilateral lower extremities pain. The are co-existing history of bleeding ulcers and cardiac disease. The patient had completed physical therapy and chiropractic treatments. There are subjective complaints of neck pain and low back pain radiating to the extremities. There is associated numbness and weakness of the lower extremities. On 2/20/2014, [redacted] noted pain scores of 7.5-9.5/10 with medications. There was recommendation for back brace and aquatic therapy. The Norco and morphine medications was put on hold while a UDS (urine drug screen) was done. There is no documented reason why the medications was on hold and why the Percocet which was previously stopped for not being effective was restarted. The medications are Percocet, Norco and Morphine ER for pain, Robaxin for muscle spasm and Valium anxiolysis. A Utilization Review determination was rendered on 5/1/2014 recommending modified certification for Norco 10/325mg #300 to #180 and Valium 10mg #90 and non- certification for Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Quantity 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83 and 90-91, 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 124.

Decision rationale: The CA MTUS recommends that opioids can be utilized for the management of severe acute pain and exacerbations of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy, and exercise. Opioids can also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modifications and psychiatric treatment. The required documentation during chronic opioid therapy include compliance motitoring measures such as pain contract, UDS (urine drug screen) and absence of aberrant behavior and improvement with ADL/functional restoration. The record indicate that the patient is utilizing multiple opioids and sedatives. This patient who is utilizing Norco, Percocet and Morphine ER at unspecified doses is reporting high pain score indicative of hyperalgesia state. It is unclear why the Percocet which was discontinued for non efficacy was restarted after the patient was placed on Morphine ER. The patient have complained of frequent falls at home. The criteria for the use of Norco 10/325mg #300 was not met. The request is not medically necessary.

Percocet 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83 and 90.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-97, 124.

Decision rationale: The CA MTUS recommends that opioids can be utilized for the management of severe acute pain and exacerbations of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy, and exercise. Opioids can also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modifications and psychiatric treatment. The required documentation during chronic opioid therapy include compliance motitoring measures such as pain contract, UDS and absence of aberrant behavior and improvement with ADL/functional restoration are absent . The record indicate that the patient is utilizing multiple opioids and sedatives. This patient who is utilizing Norco, Percocet and Morphine ER is reporting high pain score indicative of hyperalgesia state. It is unclear why the Percocet which was discontinued for non efficacy was restarted after the patient was placed on Morphine ER. The patient have complained of frequent falls at home, a possible opioid related complication. The criteria for the use of Percocet 10/325mg was not met. The request is not medically necessary.

Valium 10 MG Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24,78.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines be limited to periods of less than 4 weeks because prolonged use is associated with the development of tolerance, dependency and addiction. There is increased incidence of drugs interactions, severe adverse effects and complications in patients who are utilizing benzodiazepines with opioids. The records indicate that the patient is utilizing high dose opioids with Valium for many years. There are documented history of frequent falls at home which may be related to the use of multiple opioids and sedatives. The criteria for the use of Valium 10mg #90 was not met. The request is not medically necessary.