

Case Number:	CM14-0074483		
Date Assigned:	07/16/2014	Date of Injury:	02/13/2003
Decision Date:	08/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation, 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 59-year-old male that reported an injury on 02/13/2003 due to cumulative trauma. The injured worker's diagnoses included lumbago, low back pain, and long prescription use. The injured worker's past diagnostics include an MRI on 12/14/2005 showing multilevel cervical disc and degenerative spine changes. There was also neural foraminal narrowing at that level as well as in addition to central spine stenosis and lateral recess stenosis at L4-5. An x-ray of the lumbar spine dated 09/13/2007 showed stable findings. The injured worker's past treatment included physical therapy and chiropractic sessions. The injured workers surgical history includes anterior lumbar interbody fusion with lumbosacral BAK vista cages at L4 through S1 on 04/17/2007. The injured worker complained of lower back pain that extended into both legs and feet. The pain scale was 4/10 with medication and 8/10 without medication. On physical examination dated 05/05/2014, there was tenderness to the lumbar spine at the facet joint with decreased flexion and decreased extension and decreased lateral bending. The injured worker's medications were Oxycontin 20 mg, Norco 10/325 mg, Restoril 15 mg, Motrin IB, Oxycontin 40 mg, Soma 350 mg, and Ativan 1 mg. The provider's treatment plan was to continue with medications at present and urine drug screen as ordered. The requested treatment plan is for Ativan 1 mg and Oxycontin 20 mg. The rationale for the request was not submitted with documentation. The request for authorization form was provided with documentation submitted for review on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #90: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. There is clinical documentation that the injured worker has been on benzodiazepine since 05/14/2012. Benzodiazepines are the treatment of choice in very few conditions. There is lack of frequency documented on the proposed request and efficacy of the medication for continuation of this medication. As such, the request for Ativan 1 mg #90 is not medically necessary.

Oxycontin 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: According to the California MTUS there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects with a pain assessment that should include current pain, the least reported pain over the period since the last assessment, the average pain, intensity of pain after taking the opioids, how long it takes for the pain relief and how long pain relief lasts. Four domains have been proposed as most relevant for ongoing monitoring for chronic pain patients on opioids; pain relief, side effects, aberrant behavior, physical and psychosocial functioning. Documentation submitted for review indicated that the injured worker's pain rating was 8/10 without medication and 4/10 with medication. It was also noted that the injured worker had an increased ability to perform his activities of daily living with the use of medications. There was no documentation of adverse side effects with the use of opioids. The injured worker was also noted not to have issues with aberrant drug taking behavior. As in the documentation, the injured worker was over on his counts of Oxycontin and hydrocodone. The urine drug screen that was submitted with documentation shows positive for opioids which are a consistent result for appropriate medication use. Therefore, despite evidence of decreased pain and increase function and with the use of opioids; the absence of a frequency on the proposed request, the request for Oxycontin 20 mg #120 is not medically necessary.