

Case Number:	CM14-0075436		
Date Assigned:	07/16/2014	Date of Injury:	11/17/1993
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventive 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:

According to the records made available for review, this is a 64-year-old female with an 11/17/93 date of injury. At the time (3/28/14) of request for authorization for Ativan 0.5mg #60 and Oxycodone 15mg #90, there is documentation of subjective (intractable low back pain radiating to the legs, neck pain, left shoulder pain, and right hand pain) and objective (myofascial tenderness over the cervical and lumbar area, and positive slouch test of the left low back) findings, current diagnoses (fibromyalgia, back pain, chronic intractable pain, cervicgia, left shoulder pain, constipation, and chronic insomnia), and treatment to date (ongoing therapy with Oxycodone with increase in activities of daily living; and Ativan since at least 1/27/14). In addition, medical report identifies a pain contract. Regarding Ativan 0.5mg #60, there is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ativan. Regarding Oxycodone 15mg #90, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of fibromyalgia, back pain, chronic intractable pain, cervicgia, left shoulder pain, constipation, and chronic insomnia. However, given documentation of ongoing treatment with Ativan since at least 1/27/14, there is no documentation of short-term (less than 4 weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ativan. Therefore, based on guidelines and a review of the evidence, the request for Ativan 0.5mg #60 is not medically necessary.

Oxycodone 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80, 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of fibromyalgia, back pain, chronic intractable pain, cervicgia, left shoulder pain, constipation, and chronic insomnia. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Oxycodone with increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycodone. However, despite documentation of chronic intractable pain, there is no (clear) documentation that a continuous, around-the-clock

analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 15mg #90 is not medically necessary.