

Case Number:	CM14-0078593		
Date Assigned:	07/18/2014	Date of Injury:	03/01/1999
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 62-year-old who was reportedly injured on March 1, 1999. The mechanism of injury was not provided. The listed diagnoses include postlaminectomy syndrome of the cervical region, cervicalgia and neck pain. The last progress report dated May 5, 2014, noted the injured worker having back pain radiating down to the bilateral lower extremities. The injured worker had been maintained on Oxycontin 30mg every 8 hours along with Oxycodone 30mg 2-3 tabs every 6 hours for breakthrough pain. The objective findings noted the cervical spine showed upright coronal alignment that appeared grossly normal. Range of motion in all planes including flexion, extension, left and right rotation and elicited plane. There was tenderness to palpation at the lumbosacral junction and over the paraspinal musculature. A request was made for Diazepam 10mg #60, OxyContin 30mg #90, Oxycodone IR 30mg #150 and was denied on May 15, 2014 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

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

Decision rationale: Benzodiazepines are 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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the medical records do not document current subjective complaints, objective findings/observations, and an active diagnosed anxiety disorder. Regardless, a more appropriate treatment for anxiety disorder is an antidepressant. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines. Therefore, the request for Diazepam 10 mg, sixty count, is not medically necessary or appropriate.

OxyContin 30 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioids Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The efficacy of long-term use is limited. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Furthermore, the guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. There is no documentation of any recent urine drug screen to monitor the compliance. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. Therefore, the request for OxyContin 30 mg, ninety count, is not medically necessary or appropriate.

Oxycodone IR 30 mg, 150 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Opioids Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to

treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The efficacy of long-term use is limited. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Furthermore, the guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. There is no documentation of any recent urine drug screen to monitor the compliance. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. Therefore, the request for Oxycodone IR 30 mg, 150 count, is not medically necessary or appropriate.