

Case Number:	CM14-0080819		
Date Assigned:	07/18/2014	Date of Injury:	12/09/2008
Decision Date:	09/03/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 12/09/2008. The mechanism of injury was not provided for clinical review. The diagnoses included post-traumatic stress disorder, cervical disc with radiculitis, neck pain, anxiety disorder, and chronic pain syndrome. Previous treatments included medication. Within the clinical note dated 03/26/2014, it was reported the injured worker complained of neck pain. She reported having more spasms in her neck. The injured worker complained of severe headaches. Upon the physical examination, the provider noted the cervical range of motion was very limited with extension. The provider indicated the injured worker had tenderness over the cervical spine, very guarded with the slightest amount of pressure in the neck region. The provider indicated the injured worker had a positive piriformis stretch test and tenderness over the left trochanteric region. The provider requested for Percocet, Valium, Ambien, OxyContin, and Dilaudid. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg tablets #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of pain in her neck. She reported having more spasms in her neck and severe headaches. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request for Percocet is not medically necessary.

Valium 5 mg tablets #60: Upheld

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

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

Decision rationale: The injured worker complained of neck pain. She reported more spasms in her neck and severe headaches. The California MTUS Guidelines do not recommend Valium for long term use because long term efficacy is unproven and there is a risk of dependence. The Guidelines also recommend the limited use of Valium to 4 weeks. The injured worker has been utilizing the medication since at least 03/2014 which exceeds the Guidelines recommendation of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Valium is not medically necessary.

Ambien 5 mg tablets #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem.

Decision rationale: The injured worker complained of neck pain. She complained of muscle spasms and severe headaches. The Official Disability Guidelines note zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which was approved for short term, usually 2 to 6 weeks, treatment of insomnia. The Guidelines note proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so-called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long

term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time since at least 03/2014 which exceeds the Guidelines recommendation of short term use. Therefore, the request for Ambien is not medically necessary.

Oxycontin ER 20 mg tablets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of neck pain. She complained of spasms and severe headaches. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment. The injured worker has been utilizing the medication since at least 03/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for Oxycontin ER is not medically necessary.

Dilaudid 2 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of neck pain. She complained of muscle spasms and severe headaches. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker has been utilizing the medication since at least 03/2014. The provider failed to document an adequate and complete pain assessment. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency. Therefore, the request for Dilaudid is not medically necessary.