

Case Number:	CM14-0191905		
Date Assigned:	01/06/2015	Date of Injury:	09/24/2004
Decision Date:	02/04/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

This 57 year old female was injured 9/24/04 sustaining injury to her low back and right lower extremity after being involved in a motor vehicle accident where she was rear ended. From that point she had experienced low back and right leg pain. She currently had constant bilateral low back pain that was burning, sharp and stabbing with radiation into the right lower extremity with numbness and as of 10/14 there is numbness across the right foot. In addition there is a popping sensation in her low back on movement. The pain intensity is 7.5-8/10. She has had lumbar fusions in 2005 and 2007 with some relief but the pain returned and was worse. In 2007 she had 4 visits of physical therapy but there were no results reported in the reviewed records and an electrodiagnostic study of the right lower extremity was normal. In 2008 she had a third surgery involving hardware removal. She used rest and medications to manage her pain. MRI (3/30/09) of the lumbar spine demonstrated some epidural fibrosis but no evidence of recurrent disc protrusion at L4-5 and L5-S1. Findings suggest borderline significant central canal stenosis. She had left and right sacroiliac joint injections (10/15/12) with temporary relief. Lumbar MRI (5/14) demonstrated marked deterioration of the disc above the level of her fusion. Her medications included Norco, OxyContin, Neurontin, Tramadol and Zanaflex and they help relieve her pain "a little bit" but overall are not helping. She has a history of opioid abuse and depression. She fell down a flight of stairs attributing the fall to her back pain and in 2012 had surgery on her left knee. She used a walker for assistance at that time. Her diagnoses include obesity, psychalgia, depressive disorder, insomnia, osteoarthritis of the knee, displacement and degeneration of lumbar intervertebral disc without myelopathy, lumbar post laminectomy syndrome, neurogenic claudication, pain in lumbar spine, lumbar radiculopathy and chronic pain syndrome. She was doing aquatic rehabilitation (8/14) results were not available. Her pain is unchanged; she was reported to be stable on medications and remains temporarily totally disabled. On 10/31/14

Utilization Review non-certified the request for Oxycodone 30 mg #135 and Oxycodone 30 mg #135 (not to be filled until 11/19/14) based on lack of significant functional improvement or pain relief with long term use. The request for Valium 10 mg #30 with 1 refill was non-certified based on the guidelines not recommending the use of benzodiazepines for long term use and most guidelines limit the use to four weeks. In this case the injured worker used Valium for longer than 4 weeks for muscle spasms and was previously certified for #30 which equates to one per day with no further weaning necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg quantity 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2004 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The 1 Prescription of Tramadol ER 150 mg # 30 is not medically necessary and appropriate.

Oxycodone 30mg quantity 135 (not to be filled until 11/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the California MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the

context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2004 injury without acute flare, new injury, or progressive deterioration. The Oxycodone 30mg #135 (not to be filled until 11/19/14) is not medically necessary and appropriate.

Valium 10mg quantity 30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic 2004 injury. Per the Chronic Pain Treatment 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 use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. Valium 10mg quantity 30 with one refill is not medically necessary and appropriate.