

Case Number:	CM14-0201190		
Date Assigned:	12/11/2014	Date of Injury:	07/12/2002
Decision Date:	03/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 injured worker's date of injury is 07/12/2002. Medical documentation of the original injury were not provided. This patient receives treatment for chronic low back pain. The patient is opioid dependent and receives multiple opioids with a combined daily morphine equivalent dose (MED) that exceeds the treatment guideline limit of 120 MEDs. The physician's medical diagnosis is lumbar disc disease. On physical exam there is some paraspinal muscle tenderness from L1-S1. Reflexes are symmetrical and motor sensory exams are normal. SLR exam is positive at 40 degrees. Without the opioids the pain level is 8/10 and with the medications the pain level is 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: 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 for Chronic Pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain. The patient has become opioid dependent, exhibits opioid tolerance and hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function or pain relief. Therefore, based on the medical records reviewed, this request is not medically necessary.

Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain. The patient has become opioid dependent, exhibits opioid tolerance and hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function or pain relief. Therefore, based on the medical records reviewed, this request is not medically necessary.

Valium 10mg #120: 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): 24.

Decision rationale: Valium is a benzodiazepine which may be medically indicated to treat anxiety and muscle spasm in the short-term. All benzodiazepines lose effectiveness in a matter of weeks and rapidly produce dependence, as well as a tolerance to the sedative effects, prompting ever higher dosages to be prescribed. Valium is not medically indicated.

Inpatient pain rehab program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: The treating physician's note dated 06/02/2014 states that the patient desires to go to an inpatient rehab program to try to get off of the pain medications. Detoxification is the process of withdrawing a person from psychoactive substances. Abrupt withdrawal ought to be avoided in order to prevent triggering withdrawal symptoms. The guidelines require documentation that attempts to wean from the medications have been unsuccessful or that there were intolerable side effects to the medications. There is no such documentation. An inpatient pain rehab program is not medically indicated.