

Case Number:	CM14-0201805		
Date Assigned:	12/12/2014	Date of Injury:	07/18/2011
Decision Date:	01/31/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 45 year-old male with a 7/8/2011 date of injury. He apparently fell from a trailer after being stung by bees and injured his neck and back. According to the 10/23/14 medical report, the patient presents with neck and back pain and has been diagnosed with cervical strain; lumbar disc disease and obesity. The patient has been taking diazepam 5mg 1-2 tablets for spasm; OxyContin 60mg ER 1 at night; and Norco 10/325mg 2 tablets every 6 hours maximum 6 per day. The physician notes a depressed mood and prescribes Cymbalta. The medical reports do not discuss efficacy of the Oxycontin ER, Norco or Diazepam. 6-months of medical reports from 5/15/14 through 11/20/14 were reviewed for discussion of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER, 60mg, #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesic , NSAIDs Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient is a 45 year-old male with neck and back pain from a 7/8/2011 industrial injury. He has been prescribed Oxycontin ER 60mg, Norco 10/325mg for pain and

diazepam 5mg for muscle spasm. This request is for continued use of Oxycontin ER, 60mg, #30 no refills MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment criteria for use of opioids Long-term Users of Opioids (6-months or more)" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Six months of medical reports from 5/15/14 through 11/20/14 were reviewed, and unfortunately, there is no discussion of efficacy of these medications with numerical scale or validated instrument, nor any documentation of pain and functional improvement compared to baseline. The MTUS criteria for long-term use of opioids has not been met. The continued use of Oxycontin ER, 60mg #30 no refills, is not medically necessary.

Norco 10/325mg #90, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient is a 45 year-old male with neck and back pain from a 7/8/2011 industrial injury. He has been prescribed Oxycontin ER 60mg, Norco 10/325mg for pain and diazepam 5mg for muscle spasm. This request is for continued use of Norco 10/325mg #90, no refills MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment criteria for use of opioids Long-term Users of Opioids (6-months or more)" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Six months of medical reports from 5/15/14 through 11/20/14 were reviewed, and unfortunately, there is no discussion of efficacy of these medications with numerical scale or validated instrument, nor any documentation of pain and functional improvement compared to baseline. The MTUS criteria for long-term use of opioids has not been met. The continued use of Norco 10/325mg #90, no refills is not medically necessary.

Diazepam 5mg #10, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 9.

Decision rationale: The patient is a 45 year-old male with neck and back pain from a 7/8/2011 industrial injury. He has been prescribed Oxycontin ER 60mg, Norco 10/325mg for pain and diazepam 5mg for muscle spasm. The records show the patient was first prescribed diazepam on 7/10/14. This request is for continued use of Diazepam 5mg #10, no refills Diazepam is a benzodiazepine. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: 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 MTUS on page 9 under Pain Outcomes and Endpoints states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" Six months of medical reports from 5/15/14 through 11/20/14 were reviewed and show that diazepam 5mg was first prescribed on 7/10/14. It has been renewed monthly from 7/10/14 through 11/20/14. The patient received #10 tablets of the diazepam per month, but there is no discussion of efficacy in any of the follow-up reports. MTUS does not support the continued use of the diazepam without documentation of efficacy. The continued use of Diazepam 5mg #10, no refills is not medically necessary.