

Case Number:	CM14-0087479		
Date Assigned:	07/23/2014	Date of Injury:	10/20/2008
Decision Date:	03/30/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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: Physical Medicine & Rehabilitation

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 51 year old FEMALE, who sustained an industrial injury on 10/20/2008. On 6/11/2014, the injured worker submitted an application for IMR for review of Oxycocone 30 mg # 90, and Norco 10/325 mg # 120, and Valium 10 mg # 60. The treating provider has reported the injured worker complained of left knee pain and indicates medication is helping. The diagnoses have included Left knee neuropathic pain, low back pain, lumbar radiculopathy, left lower extremity neuropathy. Treatment to date has included left knee arthroscopy with meniscal repair (12/14/12), MRI lumbar spine (no date), MRI left knee (no date). On 5/12/14 Utilization Review MODIFIED Oxycocone 30 mg # 90 to #60, and Norco 10/325 mg # 120 to #60, and NON-CERTIFIED Valium 10 mg # 60. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycocone 30 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 50 year old patient presents with pain in the low back that radiates to the left lower extremity and is accompanied by pain and swelling in the left knee, as per AME report dated 05/30/13. The request is for OXYCODONE 30 mg # 90. There is no RFA for this case, and the patient's date of injury is 10/20/08. The patient is status post left elbow surgery in 2005, left knee surgery in 2010, and left knee arthroscopy on 12/14/12. Medications include Norco, Gabapentin, Metformin, Lantus, Elavil, Humalog, Oxycodone and Amitriptyline. The patient is currently working, as per the same report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one AME report dated 05/30/13 has been provided for review. While the report does document the use of Oxycodone, there is no discussion regarding reduction in pain in terms of change in pain scale nor does the treater use a validated measurement to demonstrate an increase function due to Oxycodone use. No UDS and CURES reports are available fore review and the treater does not list the side effects associated with Oxycodone either. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Noeco 10/325 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 50 year old patient presents with pain in the low back that radiates to the left lower extremity and is accompanied by pain and swelling in the left knee, as per AME report dated 05/30/13. The request is for NORCO 10/325 mg # 120. There is no RFA for this case, and the patient's date of injury is 10/20/08. The patient is status post left elbow surgery in 2005, left knee surgery in 2010, and left knee arthroscopy on 12/14/12. Medications include Norco, Gabapentin, Metformin, Lantus, Elavil, Humalog, Oxycodone and Amitriptyline. The patient is currently working, as per the same report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one AME report dated 05/30/13 has been provided for review. While the report does

document the use of Norco, there is no discussion regarding reduction in pain in terms of change in pain scale nor does the treater use a validated measurement to demonstrate an increase function due to Norco use. No UDS and CURES reports are available for review and the treater does not list the side effects associated with Norco either. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Valium 10 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic 'Benzodiazepine'

Decision rationale: The 50 year old patient presents with pain in the low back that radiates to the left lower extremity and is accompanied by pain and swelling in the left knee, as per AME report dated 05/30/13. The request is for VALIUM 10 mg # 60. There is no RFA for this case, and the patient's date of injury is 10/20/08. The patient is status post left elbow surgery in 2005, left knee surgery in 2010, and left knee arthroscopy on 12/14/12. Medications include Norco, Gabapentin, Metformin, Lantus, Elavil, Humalog, Oxycodone and Amitriptyline. The patient is currently working, as per the same report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states: benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."In this case, only one AME report dated 05/30/13 has been provided for review. While the report does document the use of Valium, there is no discussion regarding the patient's sleep issues. Additionally, ODG guidelines recommend against the use of Valium for more than 4 week and consequently. Hence, the treater's request for # 60 is excessive and IS NOT medically necessary.