

Case Number:	CM15-0002741		
Date Assigned:	01/21/2015	Date of Injury:	07/08/2010
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey
 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:

The injured worker is a 41 year old male who suffered an industrial related injury on 7/8/10. The injured worker had complaints of headaches, neck pain, tingling in the left ear, ringing in the left ear and hearing loss. Vertigo and dizziness were also noted. Treatment included a right L4-5 and L5-S1 facet medial branch nerve blocks on 4/24/14 and 3/21/13. The injured worker also received a L4-5 and L5-S1 facet nerve rhizotomy on 6/6/13. Prescriptions included Oxycodone, Cymbalta, Diclofenac, and Gabapentin. Diagnoses included axial low back pain, lumbar spine sprain/strain, persistent right neck pain following electroshock, posttraumatic headaches, and depression. On 1/6/14 the treating physician requested authorization for Oxycodone IR 5mg #60 and Diclofenac 75mg #60. Regarding Oxycodone, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines however specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was evidence of this full review being completed by the provider. There was a report claiming the "medications" provided functional benefit, however, there was no separation of how much benefit was directly related to his oxycodone use, specifically, as he was taking multiple medications for his pain. Without this clear and direct evidence of benefit of continual use of the oxycodone, it will be regarded as medically unnecessary until this is provided for the reviewer.

Diclofenac 75mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was some evidence that his collective medication use was providing functional benefit, however, there was no report which separated this benefit, discussing specifically the benefit of the diclofenac use. Also, continuing any NSAID chronically for the worker's diagnoses seems inappropriate and medically unnecessary, considering the potential long-term risks associated with NSAIDs. Therefore, the diclofenac will be considered medically unnecessary.