

Case Number:	CM15-0005245		
Date Assigned:	01/16/2015	Date of Injury:	07/26/2007
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old male who reported an injury on 07/26/2007. The mechanism of injury was not provided. The injured worker was noted to utilize opioids and benzodiazepines as of at least 09/15/2011. The diagnostic studies included an MRI of the lumbar spine. The surgical history was not specifically stated. The prior therapies were not specifically stated with the exception of a wrist brace. The documentation of 11/24/2014 revealed the injured worker was taking Percocet 4 tabs per day, Lyrica 75 mg 4 tabs per day, Buspar as needed, and Butrans 15 mcg patches per week. The documentation indicated the medications decreased the pain and allowed an increase in activity tolerance. The injured worker was noted to have no side effects. The injured worker was noted to have severe anxiety during times of increased pain. The request was made for Valium 10 mg 1 by mouth every day #12 for weaning and Percocet 10/325 mg #120. The injured worker was noted to have a signed medication agreement and compliance with urine drug screen testing. The diagnoses included opioids long term use. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #12: 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 Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines for injured workers with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker was being weaned off the medication. However, there was a lack of documentation of objective functional benefit that was received with the medication. There was a lack of documentation of exceptional factors to support continuing usage. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for diazepam 10 mg #12 is not medically necessary.

Oxycodone-Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain.Ongoing management. Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opioids for an extended duration of time. There was documentation the injured worker was being monitored for aberrant drug behaviors and side effects. There was documentation the injured worker had an objective increase in function. However, there was a lack of documentation of an objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for oxycodone/acetaminophen 10/325 mg #120 is not medically necessary.