

Case Number:	CM15-0101887		
Date Assigned:	06/04/2015	Date of Injury:	02/21/2013
Decision Date:	08/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 52-year-old female who sustained an industrial injury on 2/21/13, relative to a trip and fall. Conservative treatment had included physical therapy, home exercise program, chiropractic treatment, activity modification, and medications. The 10/6/14 lumbar spine MRI documented a right focal disc bulge at L5/S1 extending 7 mm inferiorly along the posterior margin of the S1 vertebral body. Small posterior annular tears were noted at L3/4 and L4/5. The 12/26/14 right shoulder MRI impression documented mild to moderate supraspinatus and mild subscapularis tendinosis. There was minimal subacromial-subdeltoid bursal effusion. The 3/3/15 cervical spine MRI impression documented a mild disc osteophyte bulging at C4/5, C5/6, and C6/7 with no evidence of significant spinal canal stenosis or cord compression. There was moderate narrowing of the right C4/5 neural foramen due to uncovertebral hypertrophy, and small perineural cysts within the neural foramina at C5/6 and C6/7. There was a small epidural cyst adjacent to the right C6/7 facet joint and posterolateral epidural space, without significant canal stenosis or mass effect on the cord. The 2/13/15 progress report cited chronic pain that continued to wax and wane in spite of being off work. She requested a refill of Tramadol which did not help as much as Norco, but she was apprehensive about using the narcotic Norco and it made her a bit nauseous. Various medications have been tried, including over-the-counter analgesics, which did not provide adequate symptom relief. She reported some intermittent and moderate pain involving her right distal arm over the past 3 weeks. Physical exam documented tenderness over both sides of her distal right arm and no swelling. The diagnosis was chronic neck and right shoulder pain attributed to repetitive strain at work. The injured worker had plateaued long ago. She had significant symptoms and functional

impairment for nearly 2 years. The treatment plan recommended stretching exercise, Tramadol was refilled for pain not relieved by over-the-counter analgesics. Authorization was requested on 4/24/15 for post-operative Valium 5 mg #60 tablets and post-operative Percocet 10/325 mg #60 tablets. The 5/8/15 utilization review non-certified the request for Valium 5 mg #60 as benzodiazepines are not recommended as first line medications by the Official Disability Guidelines. The request for Percocet 10/325 mg #60 was non-certified with no clear rationale documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Valium 5mg/tab, #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 (ODG), Pain, Benzodiazepines; Anxiety medications in chronic pain.

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

Decision rationale: The California MTUS do not recommend the use of benzodiazepines, like Valium, for long-term use. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. The Official Disability Guidelines do not recommend benzodiazepine as a first line medication. Guideline criteria have not been met. There is no documentation in the available records indicating that surgery has been requested and certified. There is no failure of first line muscle relaxants documented. There is no evidence that this injured worker was currently taking Valium. There was no rationale to support the addition of Valium. Therefore, this request is not medically necessary.

Post-operative Percocet 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Percocet Page(s): 76-80, 92, 97.

Decision rationale: The California MTUS guidelines support the short-term use of opioid medications for post-operative pain management. Guidelines recommend Percocet for moderate to severe pain on an as needed basis for pain. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling both acute and chronic pain. For chronic opioid use, on-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if

there is no overall improvement in function, unless there are extenuating circumstances, or when there is continuing pain with evidence of intolerable adverse effects. Guideline criteria have not been met. There is no documentation in the available records indicating that surgery has been requested and certified. Prior pain management had included intermittent Tramadol when over-the-counter analgesic were not effective. There is no evidence that this injured worker was currently taking Percocet. There was no rationale to support the addition of Percocet. Therefore, this request is not medically necessary.