

Case Number:	CM15-0102865		
Date Assigned:	07/27/2015	Date of Injury:	10/09/1995
Decision Date:	09/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old male, who sustained an industrial injury on 10/09/1995. He has reported subsequent back pain and was diagnosed with post lumbar fusion/lumbar disc herniation, intractable pain and thoracic disc herniation. Treatment to date has included oral pain medication and Cortisone injections. The injured worker was prescribed Oxycodone and Diazepam since at least 01/29/2015. There was no explanation as to why Diazepam was prescribed. In a progress note dated 04/20/2015, the injured worker complained of constant low back pain and the physician noted that the injured worker was experiencing a significant flaring of spine pain. Medications were noted to help reduce pain by >50%. Objective findings were notable for exaggerated thoracic kyphosis and decreased range of motion of the lumbar spine. Work status was documented as permanent and stationary. A request for authorization of Oxycodone 15 mg #150 and Diazepam 10 mg #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for review Page(s): 76-85, 88-89.

Decision rationale: This 42 year old male has complained of low back pain since date of injury 10/9/1995. He has been treated with surgery, steroid injections, physical therapy and medications to include opioids since at least 05/2015. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.

Diazepam 10mg #30: Upheld

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

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

Decision rationale: This 42 year old male has complained of low back pain since date of injury 10/9/1995. He has been treated with surgery, steroid injections, physical therapy and medications to include Valium since at least 05/2015. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.