

Case Number:	CM15-0133246		
Date Assigned:	07/21/2015	Date of Injury:	12/31/2008
Decision Date:	09/22/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 45 year old male, who sustained an industrial injury on 12/31/2008. He reported pain in his mid to lower back with left leg numbness. Treatment to date has included medications and thoracic spine fusion. Following surgery he had two episodes of deep vein thrombosis of his left lower extremity. On 01/22/2015, the injured worker reported Oxycodone interfered with sleep and inquired about changing to Percocet. Records show that on 03/19/2015, medications were changed to include Oxycodone 20 mg ½ tabs to replace Percocet which was causing an upset stomach. Valium was given for sleep. On 04/09/2015, the injured worker reported that Valium was not helping and that he needed a refill of Lorazepam. He was taking Oxycodone a full pill. According to a progress report dated 05/14/2015, the injured worker was feeling the same as before with no improvement. The provider noted that on medications, the injured worker was able to function for most activities of daily living. Without medications he was markedly limited in getting around. Medications were not listed. The injured worker was alert and conversant with no negative effect of medications noted. He was sitting at angle on a chair. Gait remained slower. Diagnoses included chronic pain and sleep disturbance. The treatment plan included continuation of medications. According to a qualified medical evaluation in internal medicine dated 06/01/2015, the injured worker had not worked since July 2009. Since his procedure his mid back had improved. He still had a lot of lower back pain and was awaiting possible surgery of his lower back. He complained of pain and swelling of the left lower leg that had not improved since his second episode of deep vein thrombosis. He also complained of constipation and diarrhea. His current medications included Atenolol, ProAir,

Morphine 45 mg as needed every 4-5 hours, Oxycodone 20 mg as needed every 4-5 hours. Lorazepam 1 mg three times per day, Coumadin 10 mg daily, Toviaz 4 mg daily and Levitra 20 mg daily. Currently under review is the request for Morphine Sulfate 30 mg #180, Oxycodone 20 mg #180 and Lorazepam 1 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.

Oxycodone 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.

Lorazepam 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: According to the MTUS, the use of benzodiazepine medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the patient has used lorazepam, a benzodiazepine medication, for longer than the recommended amount of time. The continued use is not medically necessary.