

Case Number:	CM15-0135433		
Date Assigned:	07/27/2015	Date of Injury:	12/13/2010
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old, male who sustained a work related injury on 12-13-10. The diagnoses have included active right C6 and C7 radiculopathy secondary to concordant cervical stenosis and a history of right carpal tunnel release and cubital tunnel release. Treatments have included chiropractic treatments, oral medications, cervical epidural steroid injections, and home exercises. In the PR-2 dated 3-13-15, the injured worker reports continuing neck pain, bilateral dysesthesias, right greater than left. He reports lower back and leg symptoms and also notes pain in right lower thoracic region. He has 1-2 beats of clonus on the left. He has a positive Hoffmann's on the left. He has blunted triceps weakness, mild intrinsic weakness, dysesthesias in the thumb and index primarily on the right. There is weakness primarily right finger extension, triceps and wrist. There is no documentation of working status. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 52 year old patient is status post cervical diskectomy, decompression and fusion, as per operative report dated 06/11/15. The request is for OXYCODONE 10 mg # 60. The RFA for this case is dated 06/23/15, and the patient's date of injury is 12/13/10. Diagnoses, as per progress report dated 03/13/15, included right C6 and C7 radiculopathy secondary to concordant cervical stenosis. The patient is status post right carpal tunnel release and right cubital tunnel release. Medications included Norco and Naproxen. Diagnoses, as per progress report dated 12/16/14, included chronic progressive axial neck and upper extremity radiculopathy, lower extremity radicular symptoms, and thoracic pain. The patient was not working before surgery as well, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, a prescription for Oxycodone is first noted in pre-operative progress report dated 05/15/15. It appears that the medication was prescribed for post-operative use. Prior progress reports document the use of Norco. In fact, a prescription for Norco is first noted in progress report dated 08/19/14. It is not clear when opioids were prescribed for the first time. While the treater states that the patient only took the medication at night since he had to drive during the day, there is no documentation of reduction in pain using a validated pain scale. The treater does not provide specific examples that demonstrate improvement in function. No UDS and CURES reports were provided for review and the treater does not discuss the side effects of Norco as well. MTUS requires a clear documentation regarding impact of the opioid on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Nonetheless, given the patient's surgery, use of Oxycodone at this point appears reasonable and IS medically necessary.

Valium 5mg #20: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The 52-year-old patient is status post cervical diskectomy, decompression and fusion, as per operative report dated 06/11/15. The request is for VALIUM 5mg #20. The RFA for this case is dated 06/23/15, and the patient's date of injury is 12/13/10. Diagnoses, as

per progress report dated 03/13/15, included right C6 and C7 radiculopathy secondary to concordant cervical stenosis. The patient is status post right carpal tunnel release and right cubital tunnel release. Medications included Norco and Naproxen. Diagnoses, as per progress report dated 12/16/14, included chronic progressive axial neck and upper extremity radiculopathy, lower extremity radicular symptoms, and thoracic pain. The patient was not working before surgery as well, as per the same progress report. ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 and Benzodiazepine section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. In this case, a prescription for Valium is only noted in pre-operative progress report dated 05/15/15. It appears that the medication was prescribed for post-operative use. The patient does suffer from sleep issues, and prior progress reports document the use of Temazepam. In fact, a prescription for Temazepam is first noted in progress report dated 08/19/14. It is not clear when benzodiazepines were prescribed for the first time. Both MTUS and ODG do not support the long-term use of this medication. Nonetheless, given the patient's surgery, use of Valium at this point appears reasonable, and IS medically necessary.