

Case Number:	CM15-0139249		
Date Assigned:	07/30/2015	Date of Injury:	04/07/2010
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

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 53-year-old male who sustained an industrial/work injury on 4-7-10. He reported an initial complaint of low back pain with radiation and right knee. The injured worker was diagnosed as having lumbar radiculopathy and right knee pain. Treatment to date includes medication, diagnostics, epidural steroid injection, and surgery (L5-S1 laminectomy and fusion). MRI results were reported on 3-5-12 of lumbar region and 8-9-13 of right knee. Currently, the injured worker complained of low back pain with radiation down the anterior leg to the dorsum of the foot. There was also right knee pain with weakness of the right leg and numbness from the saphenous vein graft sites on the left leg. Per the primary physician's report (PR-2) on 6-19-15, the neck had no limitations with full range of motion or tenderness, negative Spurling's test, motor strength of the right knee flexion and extension was 4+ out of 5 with positive swelling, decreased sensation to light touch of the left leg at saphenous vein harvest graft site and right lateral leg, positive tenderness to palpation of the back, positive straight leg raise on the right, and 2+ reflexes. Current plan of care included diagnostics, surgical options, injection option, and medication. The requested treatments include Exalgo 8 mg, Valium 5 mg, and Oxycodone 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8 mg 1 po qd #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for radiating low back pain and right knee pain. He had recently sustained a myocardial infarction and medications now included Plavix and aspirin. He had recently undergone a right knee arthrocentesis. Physical examination findings included decreased right lower extremity strength with knee swelling. There was decreased left lower extremity sensation. There was lumbar spine tenderness and pain with range of motion. Straight leg raising was positive on the right side. Medications were prescribed. These included Exalgo and oxycodone at a total MED (morphine equivalent dose) of less than 50 mg per day. Valium was being prescribed on a long-term basis. Exalgo (hydromorphone) is a sustained release opioid used for treating baseline pain. . In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Valium 5 mg 1 po qhs #30 no refills: Upheld

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

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

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for radiating low back pain and right knee pain. He had recently sustained a myocardial infarction and medications now included Plavix and aspirin. He had recently undergone a right knee arthrocentesis. Physical examination findings included decreased right lower extremity strength with knee swelling. There was decreased left lower extremity sensation. There was lumbar spine tenderness and pain with range of motion. Straight leg raising was positive on the right side. Medications were prescribed. These included Exalgo and oxycodone at a total MED (morphine equivalent dose) of less than 50 mg per day. Valium was being prescribed on a long-term basis. Valium (diazepam) is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. Gradual weaning is recommended for long-term users. In addition, there are other medications considered appropriate in the treatment of the claimant's condition. Continued prescribing was not medically necessary.

Oxycodone 5 mg 1 po Q8 hrs prn #90 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for radiating low back pain and right knee pain. He had recently sustained a myocardial infarction and medications now included Plavix and aspirin. He had recently undergone a right knee arthrocentesis. Physical examination findings included decreased right lower extremity strength with knee swelling. There was decreased left lower extremity sensation. There was lumbar spine tenderness and pain with range of motion. Straight leg raising was positive on the right side. Medications were prescribed. These included Exalgo and oxycodone at a total MED (morphine equivalent dose) of less than 50 mg per day. Valium was being prescribed on a long-term basis. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.