

Case Number:	CM15-0141831		
Date Assigned:	07/31/2015	Date of Injury:	08/24/2000
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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, 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 62 year old male patient who sustained an industrial injury on August 24, 2000. The injured worker was employed as a solar panel installer. A recent primary treating office visit dated June 05, 2015 reported the patient with subjective complaint of severe neck pain with reduced range of motion. The treating diagnoses were: neuropathy, and cervical spondylosis with myelopathy. Objective findings showed a magnetic resonance imaging study of the cervical spine showed degenerative changes; mild canal stenosis; and ventral cord effacement at C3-4, and C6-7. The patient is adamant that he requires his Oxycodone 20mg #120 monthly to be able to perform activities of daily function. An Opioid agreement has been signed. At a primary follow up dated April 07, 2015 the treating diagnoses were: cervical spondylosis, and muscle weakness. The treating diagnoses on May 05, 2015 noted: cervical spondylosis with myelopathy and radiculitis, and neuropathy. The patient is deemed as permanent and stationary. At a follow up dated February 17, 2015 the patient reported Workers compensation not paying for his medications. He further states that he is traveling to [REDACTED] and will require a months in advance of medication supply. There is mention that the patient has actually decreased his use of pain medications as he used to take 80mg OxyContin daily and now at 60mg and previously 100mg of Oxycodone and now at 40mg Oxycodone daily with an occasional extra 20mg some mornings. A handwritten note by the patient states that the oxycodone reduces pain from 4/10 to 8/10 and allows the patient to function including doing chores and activities of daily living. The note indicates that the patient has always abided by the opiate agreement with no history of drug abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone 20mg #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Oxycodone 20mg #120 is medically necessary.

Valium 5mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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." 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. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.