

Case Number:	CM15-0142276		
Date Assigned:	08/03/2015	Date of Injury:	03/15/2002
Decision Date:	09/30/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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: Pennsylvania, Ohio, 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 49 year old male, who sustained an industrial injury on March 15, 2002. He reported that while trying to restrain an inmate he felt something in his shoulder pop and a slight twinge in his neck. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, back pain, erectile dysfunction, and lumbar radiculopathy. Treatments and evaluations to date have included cortisone treatments, left shoulder surgeries, electromyography (EMG), chiropractic treatments, MRIs, physical therapy, x-rays, home exercise program (HEP), and medication. Currently, the injured worker reports back pain across the lumbar spine, thoracic spine, and in the midline of the lower back area radiating into both lower extremities, right greater than left. The Treating Physician's report dated June 26, 2015, noted the injured worker reported his symptoms unchanged. The injured worker's current medications were listed as Lisinopril, Cyclobenzaprine, Tetracycline, Esomeprazole Magnesium, Pantoprazole, Synthroid, Nexium, Diazepam, Viagra, Ibuprofen, Testosterone, Percocet, and Minocycline. Physical examination was noted to show severe tenderness to palpation at the left sciatic notch, right sciatic notch, and lower lumbar spine, with the lumbar spine range of motion (ROM) moderately decreased. Straight leg raise was noted to be positive bilaterally in the sitting position. The treatment plan was noted to include prescriptions for Diazepam and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for non-Back Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Diazepam 10mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.