

Case Number:	CM15-0143374		
Date Assigned:	08/05/2015	Date of Injury:	10/09/1995
Decision Date:	09/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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: Emergency 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 42 year old male, with a reported date of injury of 10-09-1995. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include post lumbar fusion, lumbar disc herniation, intractable pain, and thoracic disc herniation. Treatments and evaluation to date have included therapy, oral medications, lumbar epidural steroid injection, with benefit, thoracic and lumbar cortisone injections in 03-2015, and six chiropractic treatments, with tremendous benefit. The diagnostic studies to date were not indicated. The progress report dated 06-18-2015 indicates that the injured worker was there for a monthly visit for thoracic and low back pain. It was noted that he had flaring pain the previous month. The current pain medications were found to allow independent function. The injured worker's low back pain was constant. The chiropractic treatment improved the injured worker's pain level and range of motion; he was able to sit, stand, and walk twenty minutes longer. The objective findings include exaggerated thoracic kyphosis, lumbar fusion, lumbar spine range of motion 30% of expected, lumbar flexion at 50%, lumbar extension at 75%, no motor deficits, and no bilateral sensory deficits. The treatment plan included the renewal of Oxycodone, two to three, twice a day as needed and Diazepam, one at bedtime, as needed. The CURES report showed compliant behavior. The injured worker has been instructed to remain off work; he was permanent and stationary. The treating physician requested Oxycodone 15mg #150 and Diazepam 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycodone is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any objective improvement in pain or functional status. There is no documentation of long term plan for opioid therapy. Oxycodone is not medically necessary.

Diazepam 10mg quantity 30: Upheld

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

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

Decision rationale: Valium or Diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Valium is being used for pain or insomnia. There is no documentation of any benefit and patient has been on this medication for at least 1 month. The poor documentation does not support continued chronic use. Diazepam is not medically necessary.