

Case Number:	CM15-0183520		
Date Assigned:	09/24/2015	Date of Injury:	09/18/2007
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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 41 year old male, who sustained an industrial injury on 9-18-07. The injured worker is undergoing treatment for lumbar radiculopathy, stenosis, degenerative disc disease (DDD) and degenerative facet disease. Medical records dated 8-25-15 indicate the injured worker complains of increased aching in the back since the weather is cooler. The treating physician indicates, "Valium is not quite as effective as soma, but he is paying for the muscle relaxer out of pocket and valium is more cost effective." The pain with medication is rated 3 out of 10 at best, 6 out of 10 at worst and average 4 out of 10. Without medication he rates the pain 4 out of 10 at best, 7 out of 10 at worst and average 5 out of 10. He reports he can tolerate pain of 3 out of 10. He reports radiofrequency ablation provided greater than 50% pain relief for almost a year. Physical exam dated 8-25-15 notes increased pain with back extension and lumbar tenderness to palpation. Treatment to date has included therapy, spinal cord stimulator, heat, home exercise program (HEP), nerve blocks, Soma and Valium. The original utilization review dated 9-1-15 indicates the request for valium 5mg #90 and Oxycodone HCL 15mg #150 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents on 08/25/15 with bilateral lower back pain rated 5/10 on average. The patient's date of injury is 09/18/07. The request is for Valium 5mg #90. The RFA is dated 08/25/15. Physical examination dated 08/25/15 reveals tenderness to palpation of the lumbar spine and pain elicitation upon lumbar extension, left greater than right. The patient is currently prescribed Oxycodone and Valium. Patient is currently working. MTUS Guidelines 2009, Benzodiazepines section, page 24 states: "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks". In regard to the request for Valium, the requesting provider has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy, this patient has been prescribed Benzodiazepine medications since at least 07/29/15. The requested 90 tablets, in addition to prior use, does not imply the intent to limit this medication to short-term. Therefore, the request is not medically necessary.

Oxycodone HCL 15mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/25/15 with bilateral lower back pain rated 5/10 on average. The patient's date of injury is 09/18/07. The request is for Oxycodone HCL 15mg #150. The RFA is dated 08/25/15. Physical examination dated 08/25/15 reveals tenderness to palpation of the lumbar spine and pain elicitation upon lumbar extension, left greater than right. The patient is currently prescribed Oxycodone and Valium. Patient is currently working. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include

social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Oxycodone for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 08/25/15 the provider does include documentation that narcotic medications reduce this patient's pain from 6/10 to 3/10. This patient is currently employed full time performing a physically demanding job, which can be considered evidence of functional improvement. This patient's urine drug screenings to date are not noted to be inconsistent, and the provider specifically notes a lack of aberrant behavior. In this case, 4A's criteria have been adequately addressed. However, more importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited". Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)". This patient has been prescribed Oxycodone since at least 02/26/15, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.