

Case Number:	CM15-0185705		
Date Assigned:	09/25/2015	Date of Injury:	12/04/2012
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 54-year-old female, who sustained an industrial injury on 12-4-12. The injured worker was diagnosed as having cervical discogenic pain, cervical radiculitis, bilateral shoulder pain right greater than left, numbness, wrist tendonitis, supraspinatus full thickness tear, lumbar discogenic pain syndrome, low back pain, lumbar radiculitis, myalgia, chronic pain syndrome, and right rotator cuff repair on 4-7-15. Treatment to date has included physical therapy, a home exercise program, epidural steroid injections, and medication including Nucynta ER, Gabapentin, Percocet, and Flexeril. The treating physician noted "functional improvement with medication as she had been exercising daily. She is cooking, cleaning, and walking." Physical examination findings on 8-20-15 included cervical tenderness of the lower paraspinal muscles and decreased range of motion in all fields. Spurling's test was positive on the right and sensation was decreased in the right C5-6 distribution. On 8-20-15 the treating physician noted there has been no aberrant drug behavior." On 7-23-15, pain was rated as 9-10 of 10 without medication and 3 of 10 with medication. On 8-20-15, pain was rated as 9-10 of 10 without medication and 3-4 of 10 with medication. The injured worker had been taking Percocet since at least June 2015. On 8-20-15, the injured worker complained of neck and shoulder pain. Depression, anxiety, and insomnia were also noted. The treating physician requested authorization for Percocet 10-325mg #90 and Valium 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #80: Upheld

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

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

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for chronic pain. She underwent a right rotator cuff repair in April 2015. Medications are referenced as decreasing pain from 9-10/10 to 3-4/10 and allowing for household chores, cooking, cleaning, taking care of her grandchildren and performance of a home exercise program. Physical examination findings include a body mass index over 36. There is decreased cervical range of motion with tenderness and muscle spasms. There is decreased shoulder range of motion and decreased right upper extremity strength and sensation. Nucynta ER and Percocet are being prescribed at a total MED (morphine equivalent dose) of over 220 mg per day. Valium is being requested. She has depression, anxiety, and insomnia. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.

Valium 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Diazepam (Valium).

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

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for chronic pain. She underwent a right rotator cuff repair in April 2015. Medications are referenced as decreasing pain from 9-10/10 to 3-4/10 and allowing for household chores, cooking, cleaning, taking care of her grandchildren and performance of a home exercise program. Physical examination findings include a body mass index over 36. There is decreased cervical range of motion with tenderness and muscle spasms. There is decreased shoulder range of motion and decreased right upper extremity strength and sensation. Nucynta ER and Percocet are being prescribed at a total MED (morphine equivalent dose) of over 220 mg per day. Valium is being requested. She has depression, anxiety, and insomnia. Valium (diazepam) is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, there is no indication as to why this medication is being requested. Urine drug screening has been negative for benzodiazepines. The request is not considered medically necessary.