

Case Number:	CM15-0205066		
Date Assigned:	10/22/2015	Date of Injury:	02/26/2014
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: Family Practice

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 47 year old male, who sustained an industrial injury on 2-26-14. Medical records indicate that the injured worker is undergoing treatment for a lumbar sprain, lumbar radiculitis and lumbar disc bulges. The injured worker was working with restrictions. On (9-9-15) the injured worker complained of moderate to severe low back pain which radiated down the bilateral lower extremities. The pain was rated 4-5 out of 10 with medications on the visual analogue scale. Examination of the lumbosacral spine revealed tenderness to palpation and spasms bilaterally. Range of motion was full, but painful. A straight leg raise test was positive bilaterally. Sensation was decreased in the left lower knee area. The injured worker walked with a slightly flexed posture and had an antalgic gait. Subsequent progress notes (8-12-15 and 7-15-15) indicate that the injured workers pain remained consistent at 4-5 out of 10 with medications. Treatment and evaluation to date has included medications, x-ray of the lumbar spine (2014), physical therapy and a home exercise program. Current medications include Oxycodone (since at least June of 2015) and Valium (since at least June of 2015). The request for authorization dated 9-9-15 included requests for Oxycodone 20mg #90, Valium 5mg #30 and one lumbar spine orthosis. The Utilization Review documentation dated 9-29-15 non-certified the requests for Oxycodone 20mg #90, Valium 5mg #30 and one lumbar spine orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, indicators for addiction, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids, risk evaluation & mitigation strategy (REMS).

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and testosterone imbalance in men. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. In addition, the injured worker was previously weaned from opioids due to failure of substantial improvement and possible abuse as he was receiving opioids. As noted in ODG, "Treating noncancer pain with opioids may not be worth the risk, according to a BMJ article. Physicians have become much more willing to prescribe opioids for chronic noncancer pain, and deaths involving opioid analgesics increased from 4,041 in 1999 to 14,459 in 2007. Deaths caused by oxycodone are especially high, and the majority are unintentional and occur in relatively young individuals. The evidence for effectiveness is very thin, and many patients do not end up having significant relief from their pain, but the risk of addiction is much higher than initially thought. Studies in the 1990s suggested that the risk for addiction was less than 1%, but the actual risk of addiction for patients who are being treated for chronic pain for several months or longer is much higher, as much as 35%. (Dhalla, 2011)" The request for Oxycodone 20mg #90 is not medically necessary and appropriate.

Valium 5mg #30: 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: According to the MTUS Chronic Pain Medical Treatment Guidelines, 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Per the MTUS guidelines, tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and

muscle relaxant effects occurs within weeks. The request for a benzodiazepine is not supported in this case. The request for Valium 5 mg #30 is not medically necessary and appropriate.

Lumbar spine orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter/lumbar supports.

Decision rationale: According to the MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per ODG, lumbar supports may be supported for compression fractures and specific treatment of spondylolisthesis, documented instability. In this case, the injured worker is in the chronic phase of injury and there is no evidence of instability, spondylolisthesis or fracture to support the request for lumbar brace. The request for Lumbar spine orthosis is not medically necessary and appropriate.