MAXIMUS Federal Services

Case Number:	CM15-0207927		
Date Assigned:	10/26/2015	Date of Injury:	08/20/1998
Decision Date:	12/14/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, West Virginia, Pennsylvania
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 65 year old male who sustained an industrial injury on 8-20-98. The medical records indicate that the injured worker was being treated for laminectomy syndrome with elements of chronic mild intermittent radiculopathy and suggestion of facet disease; medication dependency; intervertebral disc degeneration, lumbosacral region; low back pain; dorsalgia, unspecified; depressive disorder. He currently (10-8-15) complains of aching back pain with occasional radiation down the left leg. His pain level was 5 out of 10 and his average pain level was 6-7 out of 10. His pain level was consistent at 5-7 out of 10 from 1-12-15 through 10-8-15. On physical exam revealed pain on the right at the lumbosacral area, straight leg raise slightly positive on the left; left knee had crackles and crepitation ; decreased sensation along the outside of the left leg and left side of the scar. His function includes laying down quite a bit, cramps associated with restless legs and this has remained unchanged from 1-12-15 through 10-8-15. A drug screen was done 3-10-15 with positive results. Treatments to date include Adderall, Valium (since at least 4-23-10), gabapentin, Lamictal, mirtazapine, Norco (since 11-16-11), oxycodone (since at least 7-14-14); Effexor; Nexium, hydrocodone, Remeron, trazodone; acupuncture; aquatic therapy; chiropractic sessions; brace; epidural facet injections; trigger point injection; physical therapy with benefit for the back; massage therapy with benefit; H-wave therapy; status post fusion L3-4 and L5-S1; fusion with instrumentation L5-S1; intradiscal electrothermal therapy. The request for authorization was for oxycodone 30mg #90 with 1 refill; Valium 5 mg #90 with 1 refill; Norco 7.5-325mg #90 with 1 refill. On 10-21-15 Utilization Review non-certified the requests for oxycodone 30mg #180, modified to #38; Valium 5 mg #180, modified to 12; Norco 7.5-325mg #180, modified to #38.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg QTY: 180: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for oxycodone 30 mg #180 is not medically necessary.

Valium 5mg QTY: 180: Upheld

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

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use long term use. In this case, there is no medical indication for use of valium and no documented functional improvement from previous use. The request for Valium 5 mg #180 is not medically necessary or appropriate.

Norco 7.5/325mg QTY: 180: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.