

Case Number:	CM15-0216779		
Date Assigned:	11/06/2015	Date of Injury:	10/09/1990
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 69 year old female, who sustained an industrial injury on 10-9-1990. The medical records indicate that the injured worker is undergoing treatment for post laminectomy syndrome (not elsewhere classified), cervicobrachial syndrome, cervicalgia, lumbago with bilateral sciatica, sacrococcygeal disorder, status post L4-L5 microdiscectomy (1998), and status post anterior cervical discectomy and fusion (2004). According to the progress report dated 10-7-2015, the injured worker presented with complaints of neck pain with radiation into the upper extremities. She reports numbness and tingling into both shoulders and arms to her hands. In addition, she complains of low back pain with radiation of pain, numbness, and tingling into the posterolateral aspect of the left leg. The level of pain is not rated. The physical examination of the lumbar spine reveals antalgic gait, spasm and guarding, and negative straight leg raise test. Lumbar extension is 10 degrees and flexion is 40 degrees. Examination of the cervical spine is not indicated. The current medications are OxyContin (since at least 5-11-2015), Valium (since at least 7-16-2015, Wellbutrin, and Pantoprazole. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, aqua therapy, home exercise program, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (10-26-2015) had non-certified a request for OxyContin 20mg #60 and Valium 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: OxyContin (long-acting oxycodone) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing neck pain that went into the arms, lower back pain that went into the left leg with tingling, right shoulder stiffness, numbness and tingling in the arms, spasms in various body areas, and anxious moods. The recorded pain assessments contained few of the elements suggested by the Guidelines. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. In light of this supportive evidence, the current request for 60 tablets of OxyContin (long-acting oxycodone) 20mg is medically necessary.

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, Weaning of Medications.

Decision rationale: Valium (diazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed documentation indicated the worker was taking this medication for at least several months. There was no discussion describing special circumstances that sufficiently supported long-term use. In the absence of such evidence, the current request for thirty tablets of Valium (diazepam) 5mg is not medically necessary. Because the potential serious risks outweigh the benefits as described in the submitted documentation, the worker should be able to complete a wean with the medication already available to the worker.