

Case Number:	CM15-0034226		
Date Assigned:	03/02/2015	Date of Injury:	01/26/2012
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50-year-old female, who sustained an industrial injury on 1/26/2012. The current diagnoses are status post L4-S1 lumbar fusion (1/19/2015), lumbar myofascial sprain/strain, sciatica, spinal stenosis of the lumbar region, lumbar disc disorder/myelopathy, degenerative disc disease of the lumbosacral spine, and lumbosacral spondylosis. Currently, the injured worker complains of lumbar spine pain. The pain is rated 4/10 on a subjective pain scale. Additionally, she reports tight, achy, rubber band feeling to bilateral posterior thighs. Current medications are Hydrocodone-Acetaminophen and Cyclobenzaprine. The physical examination of the lumbar spine was unremarkable. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Percocet 5/325mg #120 and Valium 2mg #60, which is now under review. On 2/13/2015, Utilization Review had non-certified a request for Percocet 5/325mg #120 and Valium 2mg #60. The Valium was modified to #25 to allow for tapering. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Percocet 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50-year-old female has complained of low back pain since date of injury 1/26/12. She has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 10/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

60 Valium 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This 50-year-old female has complained of low back pain since date of injury 1/26/12. She has been treated with lumbar spine surgery, physical therapy and medications to include Valium for at least 4 weeks duration. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. Based on the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.